HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

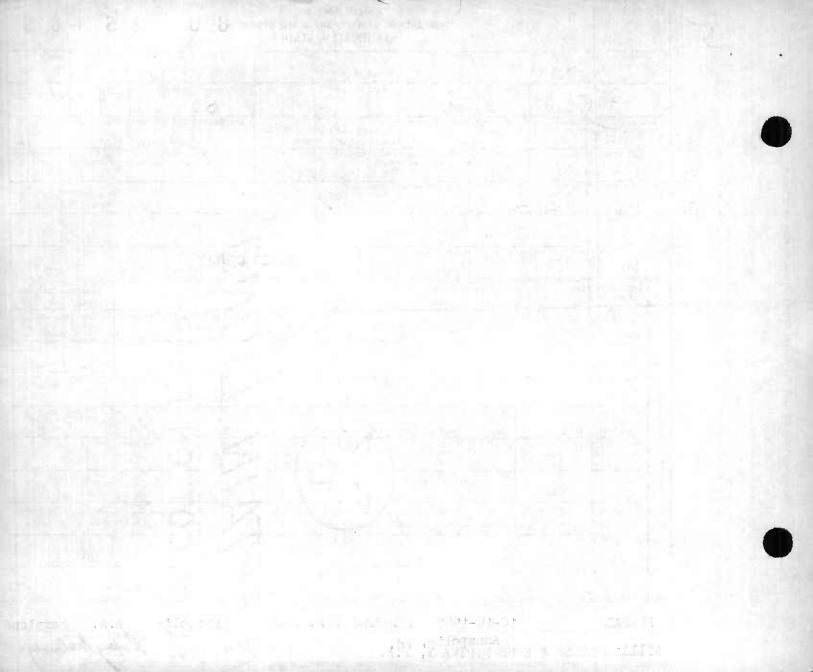
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

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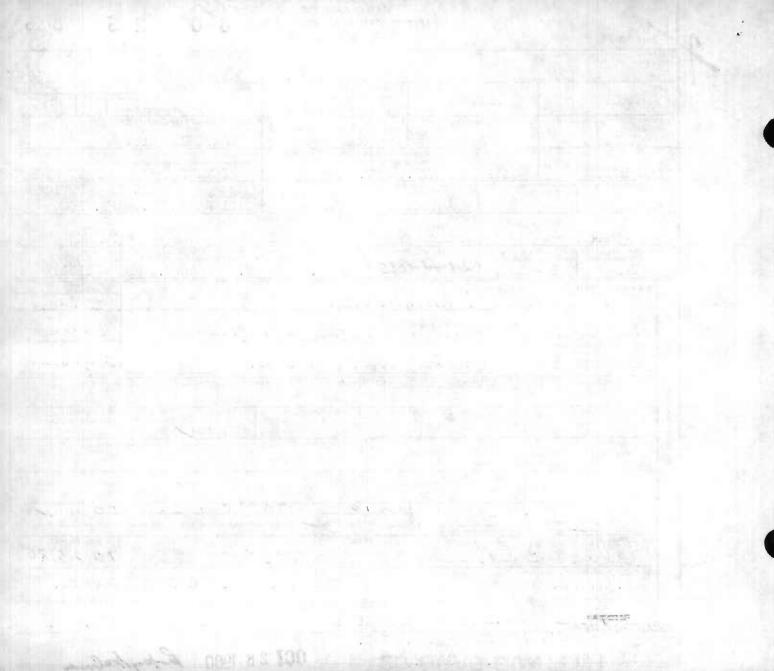
THE RELL OF BRIDE CHADA - SO - MAJA-) PARTION OF THE ONUTINORE STAGNES HOSPITAL A CANADA COLORA STORY AND THE STORY

	I	em 22a G548 1		STATE OF MARYLAND	0 0	0 5 0 0
5	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO	25085
	1. DE	CEASED NAME FIRST OR PRINT)	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
moy be poge 3 er deoth	,	DOROTHY	E	ADDISON		10 5 80 8 0 m
ector, po	3. SE	9 Female	4 RACE Black	5 DATE OF BIRTH MONTH DAY YEAR C3 04	6 AGE IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
Derol dir	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH
filed	10 C	Baltimure.	11. NAME OF HOSPITAL, NURSING (JENOT IN SUCH FACILITY, GIVE STREET	ADDRESS) 177 ITUSPITALS	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	
should be formust be	13a S	AL RESIDENCE (IF NURSING HOME OR IT ATE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	actout Terr
and 2 sh exomined	14. F.A	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		Andison
Poges 1	16a V	VAS DECEASED EVER IN U.S. AR	WAR OR DATES)		S CONFEY	SS A
physicio n popers. movol. vent, the			lly one cause per line for (0), (b), on D BY: [E CAUSE (0)] (AF A)	die allest		APPROXIMATE IMERVAL BETWEEN ONSET AND DEATH
re corbo on, or re umofic e	7	9240 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ENCE OF COM TOCK		Jane
by the ott ose remove cremotio		gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE			1000
to buriol	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1(6)
permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ol-tronsit ntol Hygie em 18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR OVER 20		
bor H	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION	above.	VN . COUNTY STATE
OR: After the ruse os the Health and I is marked		22a.1 certify that (1) (this hospit	tol) ottended the deceosed from	10 1 19 80	, to 10/5	ote and hour and from the couses stated
L DIRECTOR: toched for use e Dept. of Hee if Hem 21 is r		obove, (I) (we) (did) (did no 22b. SIGMATURE	1) view the body ofter death	ACCIDENT DEGREE	/	22c. DATE SIGNED
Stot		228 PHYSICIAN'S NAME LYPE OF	Man Ma	ATTENDING PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSIC	
efoined by TO FUNERA should be de with the Stot		R.J FRIEDA		BALTIMORI		SPITALS 2/234
	230.	BURIAL BURIAL	10-10-1980 P	INELAWN MEM. PARK	23d LOCATION CITY OR TOWN Annapol:	
16 50M 1/76 A 15 (4))		ILLIAM REESE &	Annapolises M	d A . 250. DA	CT 9 1980	25b. REGIS RAP'S SIGNATURE



21215

6010 REISTERSTOWN RD BALTO MD



THE RESERVE OF THE PARTY OF THE 1881 , 11 . 15 , 1889 Saltimore City il ratio Eultimore 600 Gladstone Avaque Baltimore 600 Gladatone Avenue Joseph T. Albert Mury Buchanan www.q _ 217 01 7885 Wrs. J. Hollis B. Albert, Sr. | 51 Dr. William G. Helfrich, M.D. 5008 Reland Avenus Balto., M. 1017 (2012) Dunial Hanry W. Jensins & Sons Co. ASOF York Road Balto., No. 21212

0 x	FOR STATE REGISTRAR	CERTIFICAT	E OF DEATH REG. NO	REG. NO.				
9 9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1. DECEASED NAME FIRST (TYPE OR PRINT) The lma	Alexander	20. DATE OF DEATH October	MONTH DAY YEAR 26. HOUR 4:30px				
	3. SEX FEMALE	4 RACE 5. DATE OF BIRT WHITE JULY	H 4 AGE (IN YEARS LAST BIRT 14, 1922 58	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.				
1 1 3 8 3	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) CHANTILLY, VA	USA WIDOWED		ore City MC				
	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) The Johns Hopkins H	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY				
y filled in	13a. STATE 13b, €0	IRFAX CHANTILLY YES	NSIDE CITY LIMITS? 130. STREET ADDRESS 14020 DALI	AS STREET (22021)				
completely I and 2 sh	FIRST	ARNER HAINES	LENA XXXXX					
it ballimore, maktianb 2120		GIVE WAR OR DATES)	formant (HUSBAND)	SS 14020 DALLAS ST. CHANTILLY, VA BAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
low requires that the death of the low requires that the death of the strength	gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF (c) IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT F 196. CONDITION FOR WHICH OPERATION WAS						
DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN: The low requires the or attending physicion. After this certificate has been signed be as the burial-transit permit. Then plea of the and Mariene prior to burial, morked or tem 18 shows ony injury, or contents.	PO CONTRIBUTING CAUSE OF E OR CONTRIBUTING CAUSE OF E (IF ETIMER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK	DEATH HOUR A.M. MONTH DAY YEAR NER) P.M. 19	YES NOTE NOW INJURY OCCURRED (ENTER NATURE OF INJUR OCATION STREET CITY OR TO:	YES NO				
ITAL OR ATTENDI by the hospitol or ERAL DIRECTOR: A editoched for use Stote Dept. of Heal	saw the deceased alive	DEGREE DUNCK	in (ny) our opinion death occurred on the do	221. DATE SIGNED				
of OT of Short of Sho	230. BURIAL, CREMATION, REMOVAL	1 . 10	CITY OR TOWN	COUNTY STATE				
BP DHMH-16 30M 2/80 (VRA 15, 4)	24. FUNERAL DIRECTOR	10/21/80 FAIRFAX CI	250. DATE REC'D. BY REGISTRAR	ZSB. REGISTRAR'S SIGNATURE				

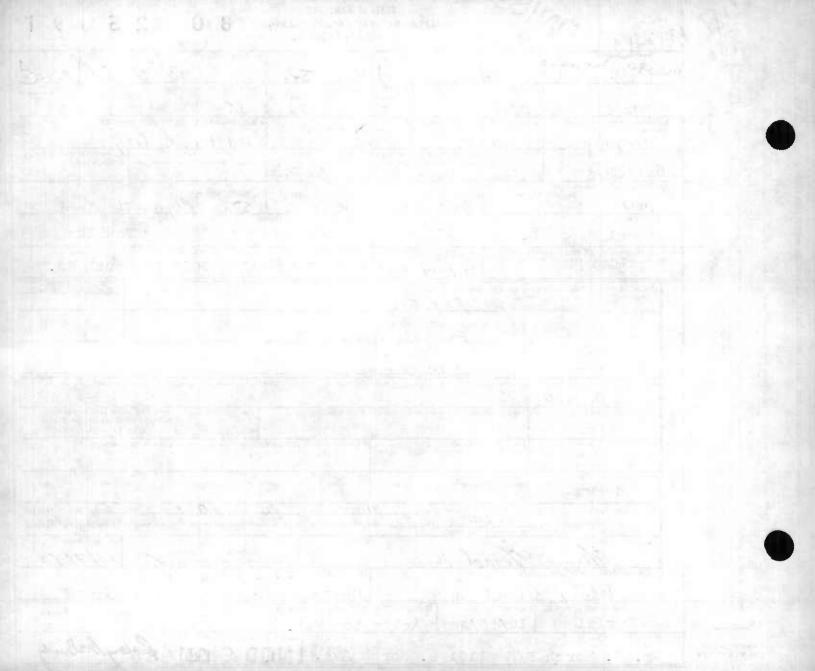
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eogh 3		CEASED NAME FIRST E OR PRINT)		AIDDLE	AL	LEN		2a. DATE OF D		D/27/	PD PD	26. HOUR 4:15A
a bod	3. SE		4. RACE			OF BIRTH		6. AGE IN YEAR	S LAST BIRTHD.		DER I YEAR	IF UNDER 24 H
20 ST		FEMA LE	WHI	TE	01	01	05		75	YRS	HS DAYS	HOURS
9	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D [] NEVER	MARRIED [9 BALTIMOR	CITYOR	COUNTY OF	DEATH	1
\$57		MAINE	U.S	.A.	WIDOW		VORCED [13	417	T'mo	rec	eter
Optied C	10.0	Bultimore	11. NAME OF H	HOSPITAL, NURS	SING HOME	TAL	TITUTION	12a USUAL OC (TYPE OF WORK FO HOUSE	OR MOST OF W		2b. KIND OF NDUSTRY	BUSIN
35 pg	130.	ALRESIDENCE (IF NURSING 13) CO		GIVE RESIDENCE BEF		13d INSIDE C		13e STREET AD	DRESS	DE AM	MILE	01007
-	-	IARYLAND BAI ATHER'S NAME	LTIMORE	HALETH	DRPE	YES	NO X		100081	DE AVE	NUE,	21221
- Coming		FIRST	MIDDLE	LAST			FIRST		MIDITE		LAST	
0830		HENRY	Α.	TREV			ANCHE		H. ADDRESS		GREGO	RY
Z medicol		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17. INFORMA						
a B		NO		215-44	-0648	ALBER	T G. A	LLEN 181	O WOO	DSIDE		
event, th		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	only one cause per	line far (a), (b).	and ic	1 -					APPROXIA BETWEEN O	NATE INTERVA
remove d		Conditions, if ony, which gove rise to immediate couse (0), stating the	(b)	R AS A CONSEC	VD							
or of		underlying cause lost.	(c)									
Then pl r to bur injury, o	NO NO	DIAGES WELL						WELL PACE		0 0	N PART 110	4
shows ony	CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHI	H OPERATIO	N WAS PERFO	DRMED	200 AUTOP		Ob. IF YES, WE IN CERTIFYING YES		
buriol-tronsit pe I Mentol Hygiene or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	PERMIT	M. MONTH	DAY YEAR	21¢ HOW IN	IJÜRY OCCUR	RED (ENTER NATU	re of injury ii	N ITEM 18, PART 1	OR PART 2)	
olth ond Me morked or h	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFIC	E, FARM, ETC.)	21f. LOCATION STREET	NC	C	ITY OR TOWN	C	COUNTY	STATE
ept. of He tem 21 is		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE	on OCT.	26 19	50	DEGREE	(our) opinion	to OC death occurred MEDICAL		. 17	of from the c	
should be detoc with the State D IMPORTANT: If	1	22d. PHYSICIAN'S NAME (TYPE	E OR PRINTS	You o		22e ADDRES	PHYSICIAN [DIRECTOR	PHYSICIA	POTAL	10/27	100
should be owith the Sto	12-			122	NAME OF	EMETERY OR	CDEMAYOR	23d LOCAT	6 12 -			
	230.	BURIAL, CREMATION, REMOVA						CITY OR T	OWN	CTTV	A M	RYLAN
		BURIAL	10-30	1-80		ORE NAT		and the second section is	LITORI	CITY	- PIA	TITION.
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50M 1/76 5 (4))		UNERAL DIRECTOR NAME UBBARD FUNERAL		ADDRESS		229	250. DA1	T 29 19	80	AL Pry	men	may

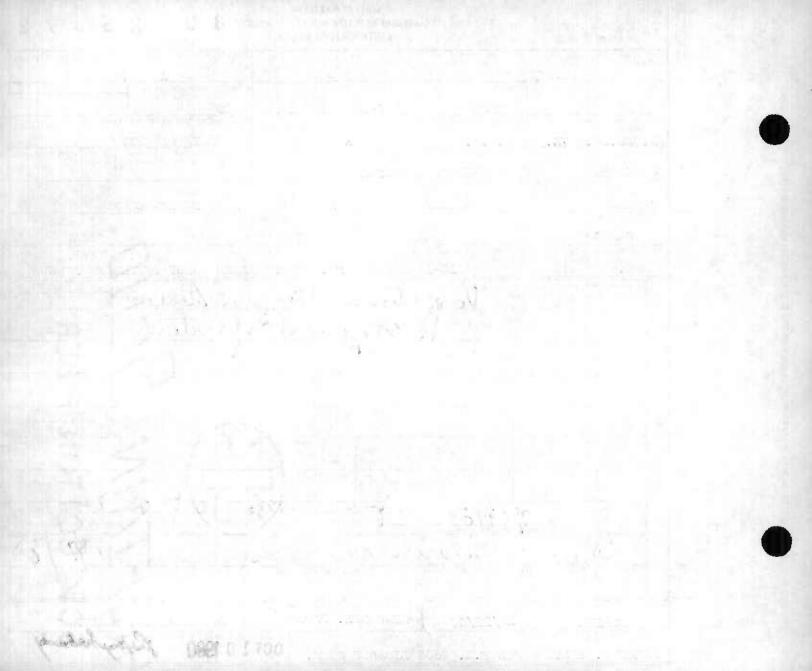
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	(BA)	3	1-	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL H	YGIENE 8	0 2 REG. NO.	5 0	9 0
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	0.0	1	TITLE	MARGAR	ET	M.	AT	LEN	100	10	11 80	P. M
	p b	S. I	3. SE		4. RACE		5 DATE	OF BIRTH	6. AGÉ (IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	ge 4 ector rs of			FEMALE	WHI	ΓE	MONT		1000	70 YR	MONTHS DAYS	HOURS MIN.
	Po Po	ė	Ja. B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA BOIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR COUN	NTY OF DEATH	
	deoth. funerof thin 72 t	:35		MARYLAND	U.S	.A.	WIDOW			LTIMORE CI	TY	MD.
	w e	led	10. CI	TY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION		L OCCUPATION ORK FOR MOST OF WORKING	126 KIND O	F BUSINESS OR
102	- 0 . 6 0/7			BALTIMORE	1155 SARGEANT STREET				USEWIFE			
213	20 .5 9	st be	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREE	TADDRESS		New York
AND	n 24 h	3	-	ARYLAND -		BALTIMO	RE	YES 🔀 NO 🗌	115.	5 SARGEANT	STREET,	21223
RYL	d within opterety fond 2 sho	mine	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN !	NAME	MIDDLE	LAS	51
¥	uted w	200		HENRY			LIVAN		RINE		MI	LLER
ORE	be exect on ond rs. Poges	dico	16a V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		
TIW		e #		NO		220-36-	0146	ELIZABETH	R. UPT	ON 2030 GR		
		t, t		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY:	line for (o), (b), on	dicil	0	an		BETWEEN	ONSET AND DEATH
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NO N	deoth cottendir	moti		4280	DUE TO, O	R ASPA CONSEQUE	ENGE OF	2.2 -0	1 1	11.2.4		
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AL R	The locion. e hos sit per giene	Swor 7	TIFI			100			YES 🗌	NO	YES [NO [
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	OR he h	H He		0 140	M.		V	DEGREE ATTENDING	MEDICA	L _ STAFF	IN DATE	lan
	SPITAL of by t ineral	ž-		224 PHYSICIAN SPAME ITHEO	4200			PHYSICIAN	DIRECTO	R PHYSICIAN	10/13	1/80
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No	TO HOSPITAL (retoined by the TO FUNERAL Ishould be detowith the Stote I	W W	230 0	JOYCE GROSS	M.D. 23b. DATE	122. 1	JAME OF C	UNIVERSITY EMETERY OR CREMATOR		RYLAND HOS	PITAL	
1800	BP		(3	BURIAL					CITY	ORTOWN	COUNTY	STATE
				JNERAL DIRECTOR	10-14		HOL	LY HILL	ATE RECID. BY	ASE BALTI REGISTRARI	MURE MA	RYLAND
4.	OHMH - 16 50M T/7 (VR A 15 (4))	0		JBBARD FUNERAL	טראדי די	ADDRESS	1.7 T T 12 T	21229	11419	180	17/112/SV	lady
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8 1	3		1 - STATE REGISTRAR			IFICATE OF DEATH	REG. NO		7 4
	. 79		DECEASED NAME	FIRST	WIOOFE	LAST	20 DATE OF DEATH	ONTH DAY YEAR	2b. HOUR
	1 70			ANLEY		ALLEN	7	0 7 80	M
	F-0.85		3 SEX	4 RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	1 1/43		MALE	BLACK		TLY 2 1910	70	YRS.	HOURS MIN
	2 01	1/4	O. BIRTHPLACE (STATE OR FORE		WHAT COUNTRY? 8.		9 BALTIMORE CITY OR		1
	H 77	5	PR. GEO. CO., V	A. U.S.A		ried Never married L wed Never married [BALTIMORE	CITY	MD
	er with		O CITY OR TOWN OF DEATH	H 11. NAME OF	HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N 12b. KIND OI	F BUSINESS OR
5	by the	7	BALTIMORE		IDENT HOSPITA	L	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	
2120	De se	21	USUAL RESIDENCE (IF NURSING	G HOME OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE AOMISSK	(13d. INSIDE CITY LIMITS	? 13e STREET ADDRESS		
N N	24 h filled ould k	5 62	MARYLAND	u COSITI	BALTIMORE	YES NO	1617 BOOKE	R COURT	
₹TF	rtely 2 sh	2 1	4 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN		7	
ored	mple ond	90	JAMES	MIDDLE	ALLEN	LOUISE	WIGOLE	ALLEI	
	d co	1 1	6a WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO). 17 INFORMANT	ADDRES	S (BROTHER))
	n ond c Pages medica		NO.	TES, OTTE TAK OK DATES;	214-18-55887	MR. ARTHUR	R ALLEN 2107	LYNDHURST AN	VENUE
SALT	ysicio opers ovol.	Ī	18 CAUSE OF DEATH	Enter anly one cause p	r Ne for (a), (b), add c	1	Δ Λ	APPROXIA BETWEEN C	MATE INTERVAL
ST., E	the ph		PART I. DEATH WAS	S CAUSED BY:	1 AM Derline	une Vas	una des	use	
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8	the the		gove rise to imme- cause (a), stating		OR AS A CONSEQUENCE OF	U	U	100	
×.	that the		underlying cause	last.					
5, 201	signed signed burit o burit			ICANT CONDITIONS C	ONTRIBUTING TO DEATH	UT NOT RELATED TO THE TE	rminal disease or cond	ITION GIVEN IN PART 110	,
DIVISION OF VITAL RECORDS,	2 2 2 2		190 DATE OF OPERATION 210. ACCIDENT WAS UNDER						
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<u> </u>	ZZ	1 13	OR CONTRIBUTING CAL			AR 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
Ö		7	(IF EITHER, NOTIFY MEDICAL	EXAMINER) P		9			
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	Z - 8 5 4 8	- 1	22a. I certify that (I) (the sow the deceased	his hospital attended to	her deceased from	19.1.4	33,10-00		that (I) (we) lost
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		-	Cu I	AM MIGARNE	R M D	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICI	AN []	10
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1/2.	/		130 BURIAL, CREMATION, RE			F CEMETERY OR CREMATOR MEM. PARK	CITY OF TOWN	COUNTY	STATE
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1	DHMH - 16 50M 1/76 (VR A 15 (4))		24 FUNERAL DIRECTOR		ADDRESS	00	DATE REC'D. BY REGISTRAR 2	IB. KINST AR'S STAND	No.
	(AK V 19 (4))		LEROY O. DYE	TT & SON F.	H. 4600 LIBER	RTY HGTS.	A T 0 1900	4 /	

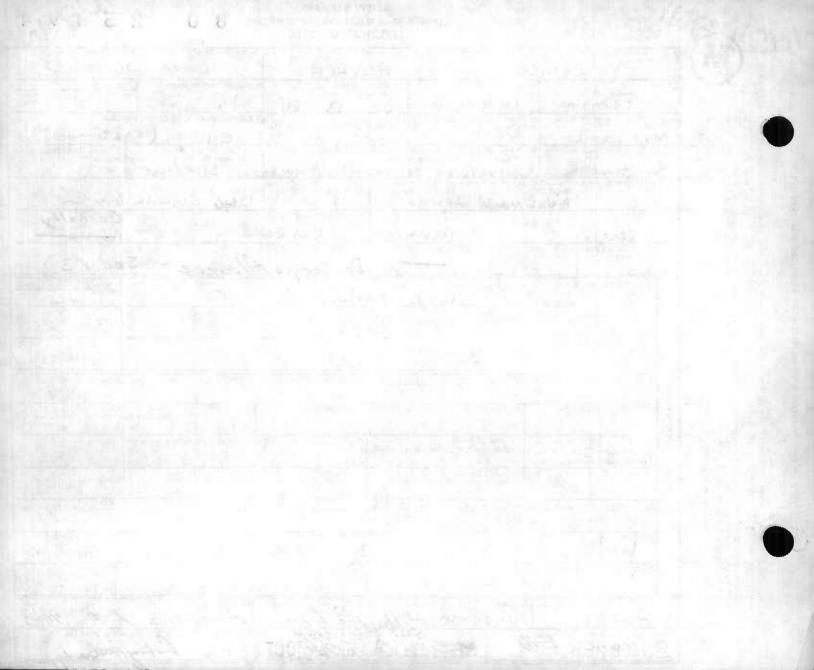


- STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY	REG. NO.	5 0
1. DECEASED NAME FIRST (TYPE OR PRINT) ERICA	F ALSTER	Oct 27,1980	YEAR 2b F
1. SEX Lengle 1. RACE	White June 5- 1910	To YRS	JINDER I YEAR IF UN
To problem - Nermany	MARRIED MEVER MARRIED DIORCED	9. BALTIMORE CITY OR COUNTY OF BOLT MOR	12b. KIND OF BUS
USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTED TO THE PROPERTY OF THE PR	I IN SUCH FACILITY GIVE STREET ADDRESS) 1 N S HOOK FAS HOS PITAL TUTION GIVE RESIDENCE FOR ADMISSION) 1 134 (IN SIDE CITY LIMITS?	130. STREET ADDRESS	Legikes
TA FATHER SHAME MODEL MADE	JAN JES NO IS NO IS MOTHER'S MAIDEN NA FIRST	5812- Kearl Kd.	das
146. WAS DECEASED FOR IN U.S. ARMED FOR		Brugay Lac Colo	APPROXIMATE IN BETWEEN ONSET
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JEIO W	ondition for which operation was performed	YES NO NO YES	
OR CONTRIBUTING CAUSE OF DEATH HOLE (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PI	P.M. 19 LACE OF INJURY 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	-
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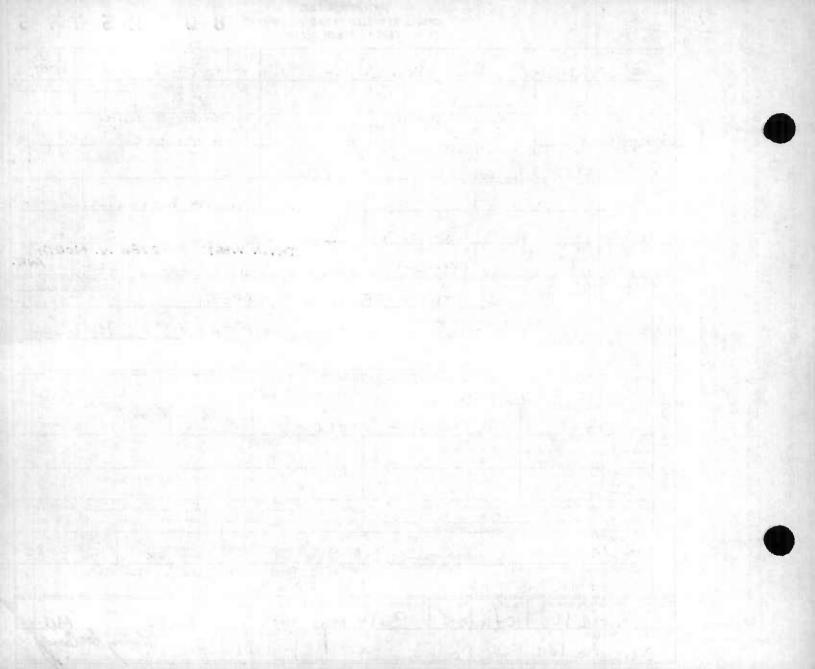
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	3 51		RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIR!		R IF UNDER 24 HRS
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the day		his on the same of	WAR OK DATES)	- Dr. Sersia	Alvarez	- Jec 1	13
vent		LE CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b), and	tien		APPRO	XIMATE INTERVAL
pap ic e		PART I DEATH WAS CAUSED	BY.	FAILURD		i i	WK
or re		ATTAG IMMEDIATE	CAUSE (a)				
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o Lo		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE			5	da
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any	I E					In the way with the court	
ermit shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	ZOe AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
	IĒ				YES NO	YES	NO 🗌
Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21h. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 214 HOW INJURY OCCL	JRRED JENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
fental or Ite	MEDICAL	I IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			600
5	9	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
th and N	Σ	WHILE NOT WHILE AT WORK	TAT HOME, STREET, PACTORY, OFFICE, PA	ARM, EIC J	CITOKIO		31416
is ear		22a I certify that (I) (this haspite	ol) ottended the deceased from	10 16 19 8	0 10	26 19 80	. that (1) (we) lost
of H		saw the deceased alive an_	10/26 19	and that in (my) (our) opinio	on death occurred an the de	ate and have and from th	e causes stated
od for		obove, (I) (we) (did) (did not)	view the body offer deoth.	DEGREE		22c. DAT	E SIGNED.
ached for a Bept. of F: If Item 2	1	1,000	M. D.	ATTENDING	MEDICAL STA	FF .	1-1/60
Stat	1	22d. PHYSICIAN'S NAME ITYPE OR	POINT	22: ADDRESS	DIRECTOR PHYSIC	IANLX	1156/80
the CRI		Tillali				- V 4	
TO FUNERAL C should be detach with the State D IMPORTANT: II		HASUL	MINKON		. Greens	SI-BACTI	MORE, N
w 5 =	230	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION SATY OR TOWN	COUNTY	STATE
		Burial	10-29-80 14	illerest Cem.	Honapo		MD.
MH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS ST	or Ritchie Has 250. D.	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	TURE
15, 4) 1/79	1	Barranco F.	H. Severne	Park Med. UC	T 2 8 1980	pertay Mach	rode

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

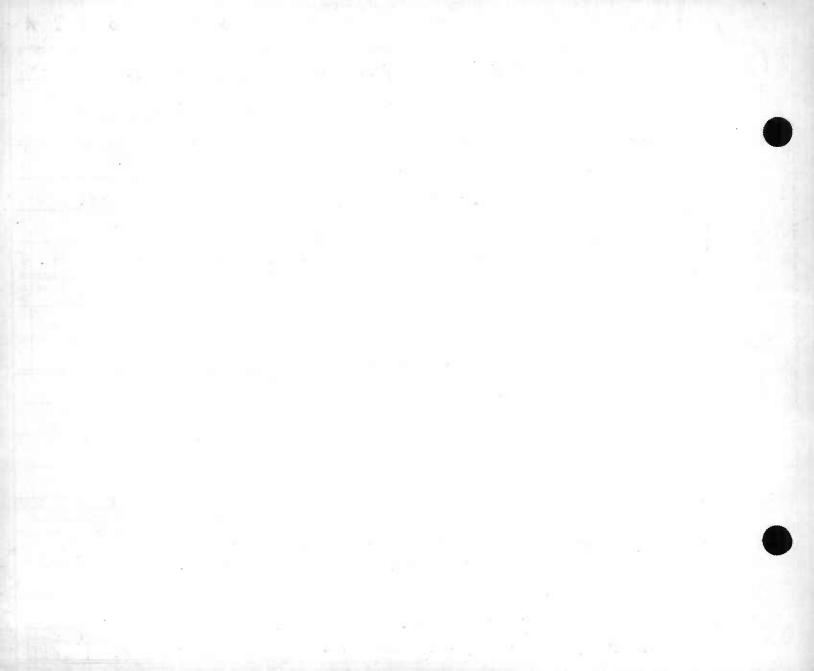


3	FOR STATE CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 5 0 9 REGISTRAR
0 4 9 00 0 4 9 00	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR YEAR PRINT) 10 12/80 940
ge 4 may	SEX 1. RACE S. DATE OF BIRTH 6. AGE (INVERSIAST BIRTHDAY) IF UNDER I VEAR IN UNDER 24 MONTHS DAYS HOURS A
Sent in 72 th	BIRTHPLACE (STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DIVORCED CITY.
by the filed w	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORKING LIFE)
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omplett	FATHER'S NAME FIRST MIDDLE LAST LA
be exe	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT IRVIN WEST ADDRESS 2786 W. NORTH 145, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 999-36-3932 HOSPITAL Admission Sheet A
g physici danpopes removal.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO - RESPIRATORY ARREST.
deoth ce	Conditions, if ony, which (b) CHOLANGIO CARCINOMA METASTATIC 10-7-80.
that the	gove rise to immediate cause (a), stating the underlying cause lost (c)
requires to Then pl or to burny, y injury, o	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 CHRONIC RENAL FAILURE: HYPERTENSIVE ARTERIOSCLETIC C-V DISEASE
N: The low requi	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 LIF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAI ng ph certifi uniol-tr lental frem 1	
DING PHY or ottendis After this se as the bu	AT WORK AT WORK
ATTENDI sspitol or iCTOR: A d for use n 21 is m	22a.1 certify that (1) (this hospital) attended the deceased from 9-20, 19-80, to 10-12-19-80 that (1) (we) sow the deceased alive an 12-19-80 that (1) (we) above, (1) (we) (did) (did not) view the body after death.
by the hore by the hore e detacher detacher State Dept ANT: If the hore	226. SIGNATURE DEGREE M. O. ATTENDING MEDICAL STAFF 10-12-8
TO HOSPITAL TO FUNERAL should be det with the State	DR. MALIK REHMAN 226 ADDRESS BON SECOURS HOSP. BALTO., Md.
BP	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN CITY OR TOWN BALLO COUNTY MOLEN
DHMH-16 30M 2/80 (VRA 15, 4)	FUNERAL DIRECTOR VANAME VALUE 13114 1311



20	1 -	POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 U 2 5 U 7 6 REGISTRAR CERTIFICATE OF DEATH REG. NO.
deoth 3		MONTH DAY YEAR
uneral directo	200	THE COUNTRY? & SO 1917 6.3 YRS. RITHPLACE MAIN OF JOHN OF WHAT COUNTRY? & MARRIED NEVER MARRIED SO BALTIMORE CITY OR COUNTY OF DEATH AND SO DIVORCED MIDOWED MIDOWED
by the fired with	/	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT DISCCHEACILITY, GIVE STREET ADDRYSS) 12. USUAL OCCUPATION (IF NOT DISCCHEACILITY, GIVE STREET ADDRYSS) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT DISCCHEACILITY, GIVE STREET ADDRYSS) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT DISCCHEACILITY, GIVE STREET ADDRYSS) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT DISCCHEACILITY, GIVE STREET ADDRYSS)
should be should	12	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE DESCRETCE BEFORE ADMINISTRATE 136. COUNTY 136. INSIDE CITY LIMITS? 136. STREET ADDRESS! YES NO 15. MOIMER'S MAIDEN NAME 15. MOIMER'S MAIDEN NAME
and 2	(VAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. (17. INFORMANT)
ers. Poges		(IF YES, GIVE WAR OR DATES) US THE 215-163(82 Mr. Charles m's Lois Amerson 312 ARE
anpop emovo event,		PART I. DEATH WAS CAUSED BY Matorital Adeno Carcinema of the Stampoli
nave corb		Conditions, if ony, which gove rise to immediate (b) Anewa Mepatic Fraylorg.
pleose rer riol, crem , or ather		cause (a), stating the UDUETO, OR AS A CONSEQUENCE OF (c)
2 2	TION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
shows on	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO X
	MEDICAL CE	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
alth and M morked ar		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
of He 21 is		220.1 certify that (It (this hospital) attended the deceased from 19 0, that (It (we) los sow the deceased alive an 10 24 1, 19 0, and that It (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
State Dept.		226. SIGNATURE S. Chahal MD DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/3/80
MPORTANT:		22d. PHYSICIAN'S NAME (ITYPE OR PRINT) K. S. CHAHAL 22e. ADDRESS SIMA! HOSPITAL, BALTIMORE Mod 21215.
2	(5	BURIAL CREMATION, REMOVAL 236. DATE 36. NAME OF CEMETERY OR CREMATORY 238 (OCATION CITYOR TOWN) STATE / STATE / SPECIFY) BOVIA 10-29-80 Sonn Wesley Church Cm MANAGON STATE /
M 7/77	14. FU	JNERAL DIRECTOR PARES ADDRESS ADDRESS 10 NATION

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DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

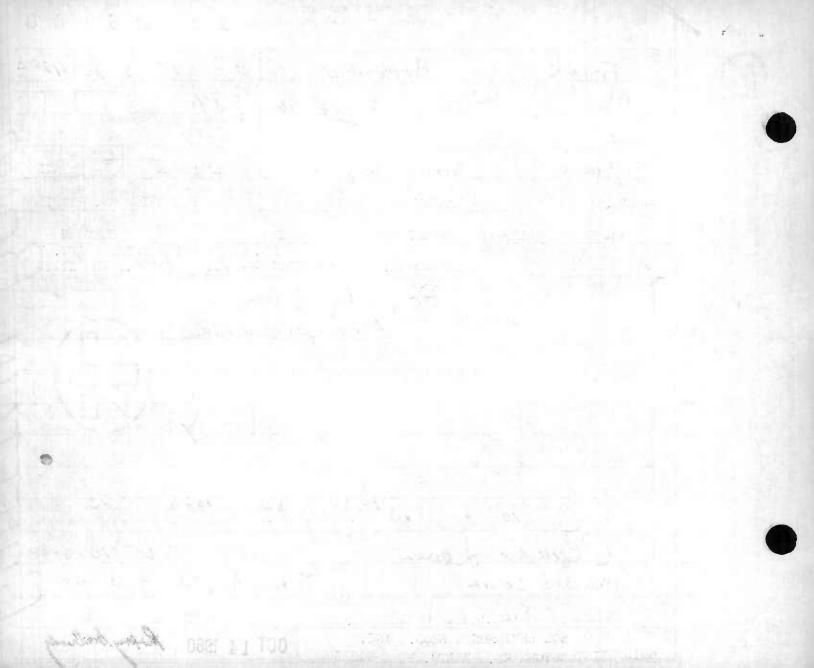
1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	IO.		
	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	Miles	Louis	Anthon	y Sr.	October	23,	1980	
3 SE	X	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 2
	MALE	WHITE	Dec		83	YRS.	MONTHS DAYS	HOURS
	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COU	NTRY?	D . 151/52	9 BALTIMORE CITY			
	aryland	U.S.A.	WIDOWE	D NEVER MARRIED	Baltimor	ce Ci	ity	
	Baltimore	11. NAME OF HOSPITAL, N (# NOT IN SUCH FACILITY, GM HOME = 401	NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Pressman	OF WORKING	LIFE) 125. KIND (INDUSTRY NEWS	pape
13e S	AL RESIDENCE IN NURSING HOME OR 136 COUNTY	TY I3c CITY O	E BEFORE ADMISSION) R TOWN Klyn	13d. INSIDE CITY LIMITS? YES X NO	4013 Sec	ond	Street	
I4 FA	William	Anth		15. MOTHER'S MAIDEN NA FIRST	me unk.		ŁA!	ı
	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDR	ESS		
,,	NO (* 113, 511	213	03 2606	Gordon Ric	igeway 391	17 21	nd St.	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE							
	Candifions, if gny, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ISEQUENCE OF	l opten "Us c		DITION G	VEN IN PART I	
THICATION	Canditions, if gry, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF	NOT RELATED TO THE TERM		20b. IF Y	ES, WERE FINDING CAUSES	GS USED OF DEATH
CAL CERTIFICATION	Canditions, if gny, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 1% CONDITION FOR V 216. TIME OF INJURY	ISEQUENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR	100 AUTOPSY? YES NO	206. IF Y	ES, WERE FINDIF FIFYING CAUSES YES	GS USED
MEDICAL CERTIFICATION	Canditions, if gny, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CAUSE OF DEA	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 1% CONDITION FOR V 1% TIME OF INJURY HOUR A.M. MONT:	IS TO DEATH BUT WHICH OPERATIO H DAY YEAR	NOT RELATED TO THE TERM	100 AUTOPSY? YES NO	206. IF YIN CERT	ES, WERE FINDIF FIFYING CAUSES YES	GS USED OF DEATH
	Conditions, if any, which gove rise to immediate couse to stating the underlying couse last. PART 2 OTHER SIGNIFIC ANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER) 110. TO CONTRIBUTING AT WORK 210. 1 certify that (I) (this berpit saw the deceased alive an obove, (I) (we) (did) (did not like the country).	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 196. CONDITION FOR V 196. CONDITION FOR V 196. CONDITION FOR V 197. CONDITION FOR V 216. TIME OF INJURY HOUR A.M. MONT: P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, C) (c) of other dead of the deceased (d) other dead the deceased (e) view the body after death.	IS TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET 21d that in (my) (our) apinion DEGREE	TO AUTOPSY? YES NO CITY OR TO: , to death occurred an the d	206. IF YI IN CERT IN CERT IN ITEM 18	ES, WERE FINDING CAUSES YES 3. PART 1 OR PART 2] COUNTY	NGS USED OF DEATH NO ST/
WEDICAL WEDICAL	Conditions, if any, which gove rise to immediate couse to stating the underlying couse last. PART 2 OTHER SIGNIFIC ANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER) 110. TO CONTRIBUTING AT WORK 210. 1 certify that (I) (this berpit saw the deceased alive an obove, (I) (we) (did) (did not like the country).	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 196. CONDITION FOR V 197. HOUR A.M. MONT: P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C) 101) attended the deceased 1) view the bady after death. Selection RERINT)	MHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.) Tram 2 19 232. NAME OF C	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET 19 79 10 that in (my) (aur) aprinion DEGREE ATTENDING	TINAL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TOTAL CITY OR TOTAL MEDICAL STA DIRECTOR PHYSIC 1234. LOCATION	20b. IF YI IN CERT IN	ES, WERE FINDING CAUSES YES B. PART 1 OR PART 2] COUNTY 19 19 19 19 19 19 19 19 19 1	NGS USED OF DEATH NO ST/

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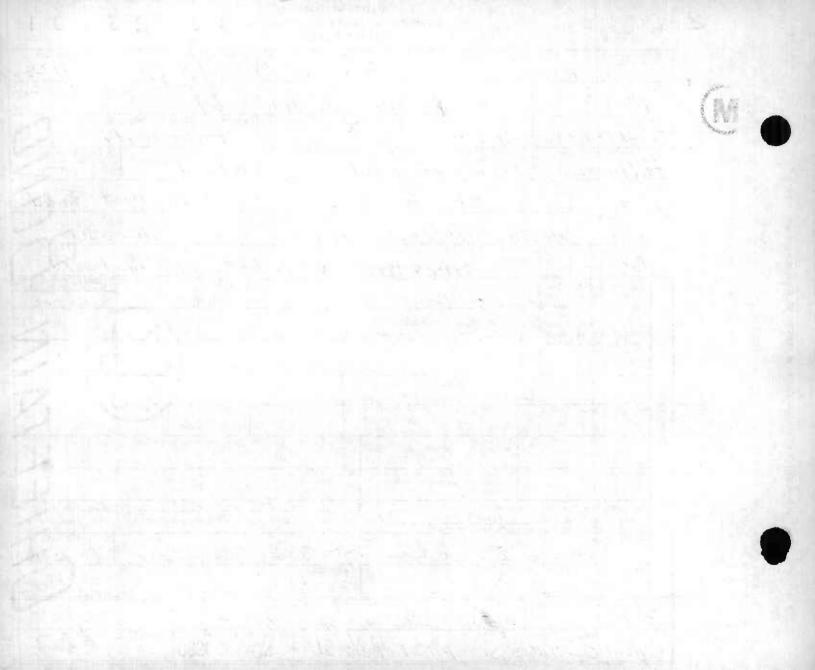
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2	1 -	STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	5101
de 3		CEASED NAME FIRST OR PRINT) Richard	MIDDLE	Arledge		DAY YEAR 26. HOUR 425
AA)	3. SE)	Male	Negrold	S. DATE OF BIRTH ADN'TH SAY YEAR 1911	69 YRS. "	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
17 177	50	with Carolina	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Batto, Ci	OF DEATH Ly MD
\$37	10. CI	altimore	POTCY TOS	Dital	12a. USUAL OCCUPATION (TYPE OF WORKING LIFE	176. KIND OF BUSINESS OR INDUSTRY
E 3	13a. S	Nd.		13d. INSIDE CITY LIMITS YES NO	41/3 6 len AL	int Road
exom		THER'S NAME John West	Mey Artedo	Te Alice	MIDDLE Ste	venson
a medicol	6a W	AS DECEASED EVER IN U.S. ARME ES 11008 UNKNOWN) (IF YES, GIVE V		17 INFORMANT -3942 Willia Mae	Arkedge 4115 61	enhunt Rd.
event, the		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	te Myocardial	Infarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUI (b) Mu/ hy C p DUE TO, OR AS A CONSEQUI	exphentem by lism	a, lue	
y injury, o	NO	PART 2. OTHER SIGNIFICANT CO	111	DEATH BUT NOT RELATED TO THE TE	erminal disease or condition give	N IN PART 1(0)
kuo smol	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
them 18 sho	MEDICAL CER	7) a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
norkedor	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is mo		220 1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not)	10/30 19		, to, 1o, 1o, 1o, 1o	
tate Dept		276. SIGNATURE	D. Sakolo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	10/30/10
with the Stat		22d PHYSICIAN'S NAME (TYPE OR P Murc D.	Sokolow	3015t.	Paul Place	nony Hespita
, <u>s</u>	23a. B	URIAL, CREMATION, REMOVAL	236. DAJE 11/5/80 W	NAME OF CEMETERY OR CREMATOR	23d LOCATION	COUNTY
A 2/80 4)	24 FL	NERAL DIRECTOR SCIUCE	75 Sc 12499REGS	Effection St, 250.1	NOV 3 1980	RAR'S SIGNATURE





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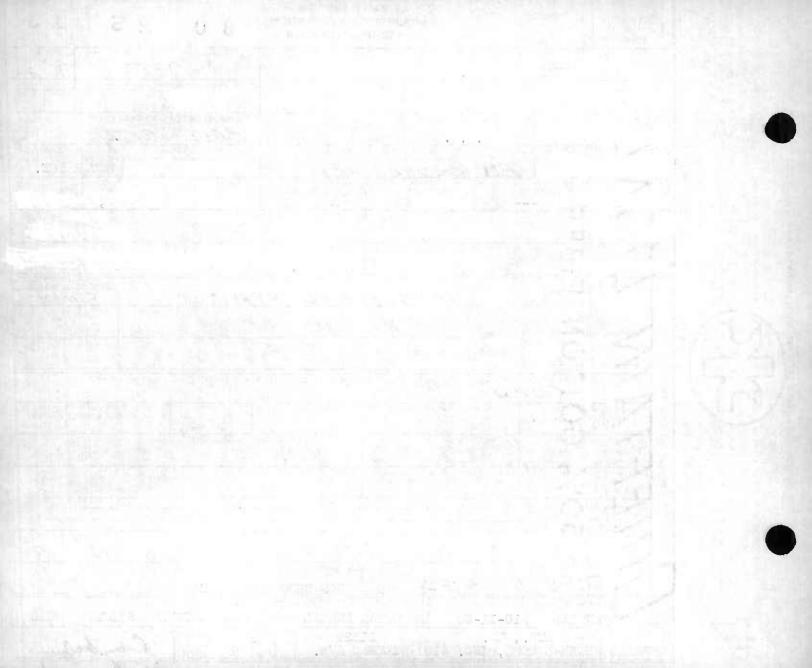
IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, at ather traumatic event,

STATE OF MARYLAND

	- STATE REGISTRAR	PLIAN		ICATE OF DEATH	REG. NO	da .	3 1	0 0
	1. DECEASED NAME_ FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
	ROY	н.	ARM	STRONG	10-1	1-80)	700 AM
	3. SEX	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
	MALE	WHITE	0.6	22 15		55 YRS.	24113	MIN.
	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8	DE NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	
ì	KENTUCKY	U.S.A.	WIDOWE		BALT.	C1;	TY	MD
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF OF WORK FOR MOST O			F BUSINESS OR
	BALTIMORE	BON SECO		HOSP.	TRUCK DRIV		MOTOR	FGT.
5	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE AND MARYLAND		WN	13d. INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 1836 RAMSA	Y STRE	EET, 21	223
1	14 FATHER'S NAME	MIDDLE LAST	a Mar	15. MOTHER'S MAIDEN NA	AME		TASI	
9	FRANCIS	ARMSTRO	ONG	ELIZABE			WILSO	N
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDRE	\$5		
	NO	278-05	-4157	MARIE C. AR	MSTRONG 1836	RAMSA	AY STRE	ET
	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), c ED BY: ATE CAUSE (a)	OLA	ADIAL IN	FARCTION			MATE INTERVAL DNSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEO	UENCE OF	CVD				
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	UENCE OF					
	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	OITION GIVE	N IN PART 1(0	, 1
1	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED OF DEATH?
	NONE				YES NO	YES		NO 🗌
1	OR CONTRIBUTING CAUSE OF DE	ER) P.M.	DAY YEAR	21t HOW INJUSTING CUE	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	tt 1 OR PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION	CITY OR TO	VN	COUNTY	STATE
		pital) attended the deceased from			, to			that (I) (we) last
		n	, or	nd that in (my) (aur) opinion	death accurred on the de	te and hour o	and from the o	touses stated
	22b. SIGNATURE	a Kuli	, st	ATTENDING PHYSICIAN	MEDICAL STAR		10/	7 8b
	22d PHYSICIAN NAME (TYPE	As KIEZY	MD	BON SECOUR	S HOSPITAL			
	230. BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	SYATE
	REMOVAL/BURIAL	10÷11-80 M	EMORIA:	L BURIAL PARK	WHEELERSBU	JRG SC	CIOTO	OHIO
	24 FUNERAL DIRECTOR DATT	OM O	2	1220 25a. DA	TE REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNATU	JRE

DHMH-16 30M 2/80 (VRA 15, 4)

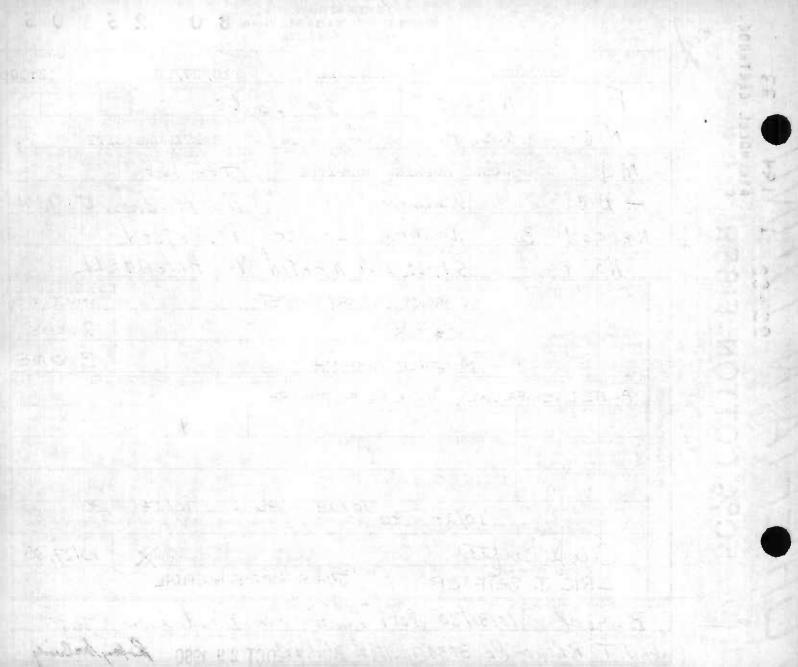
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.



. 6	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0	25104
M		CEASED NAME FIRST ESTELLE	S. Arnold	LAST		MONTH DAY YEAR 26 HOUR
s supplied the state of the sta	3 SE	* Female	1 RACE White	5 DATE OF BIRTH	6. AGE JIN YEARS LAST BIRT	HDAY) IF UNDER I YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
72 hour	7a. B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED TO WIDOWED DIVORCED		nore (ity M
ed within		Baltimore	11. NAME OF HOSPITAL, NURSIN 4202 HANDANIA	IG HOME OR OTHER INSTITUTION ADDRESS) Venue -21206	120. USUAL OCCUPATION POST OF WORK FOR MOST OF	
nn and completely filled in Pages 1 and 2 should be fil , the medical examiner ma	14 F	ATHER'S NAME FIRST Frederic WAS DECEASED EVER IN U.S. AR.	Balto. Apple Annold	N 13d. INSIDE CITY LIMITS? YES NO □ 15. MOTHER'S MAIDEN NA FIRST	ME ADDRESS 4212 A ME ADDRE	Anntanna Avenue 2120
the attending prysicis emove camon papers. remation, or removal. rother traumatic even.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if any, which gave rise to immediate cause [o], stating the underlying cause lost.	Due to, or as a conseque	Vaseular Apopl	lexy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I Clay Tyss.
e has been signed bermit. Then please ene prior to burial, shows any injury,	CERTIFICATION			DEATH BUT NOT RELATED TO THE TERM	20e AUTOPSY?	DITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
is certification is certificated in the service of	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER) 214. IN JURY OCCURRED		YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
s the bur th and N marked	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TO	
Mayould be detached for use with the State Dept. of Hea MyDORTANT: If Item 21 is		22e. I certify that (I) (this hospit sow the deceased alive on, above/() (we) (did) (did not 27b. SIGNATURE	ol) ottended the deceosed from 19 1) view the body offer death. PRINTI PUNZAL	DEGREE ATTENDING PHYSICIAN (22R ADDRESS	MEDICAL STAI	
with March	23a	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 23c P	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
HMH-16 25M RA 15, 4) 1/79	1	UNERAL DIRECTOR	Inc-6415 Belain	Rd21206	REC'D. BY REGISTRAR	EGISTRAR'S SIGNATURE,

F 0 3 2 5 6 0 8 tillo. and 1000 Labitrone 1277 American -21276 Salasiada Labitrat it. 4772 invitage average 4773 sederic's demant to the series one

06	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		5 1 0 5
2 %		CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH D	YEAR 2b. HOUR
dec 3		GER'	TRUDE	ARRENDELL	10/27/80	12:30
rectar, po	3. SE	F	NEGRO	5. DATE OF BIRTH	60 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
of the 25 of the 20 of the	17	COUNTRY) (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY BALTIMORE	
Selfied with		M C	JOHNS HOPKI	NS HOSPITAL	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST, OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
fille hould be	13a S	AA B. C HE POL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	YES NO	130. STREET ADDRESS	mit. n.w.
ampletely 1 and 2 sh		THER'S NAME VELSON	B. Dunh	AMI LOUPSC	Robertson	LAST
on and co		(IF YES, G	RMED FORCES? 166. SOCIAL SECULIVE WAR OR DATES) 577-32	2752 MARTIN	V. Arrena	lell
physicic on paper emoval.		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), or SED BY: ATE CAUSE (a) CARDIO	od (cl.) PULMONARY ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I MMEDIATE
attending nove carbo ation, or re traumatic e		2030 Conditions, if any, which	DUE TO, OR AS A CONSEQUE			2 WEEKS
by the ase ret I, crem other		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		3 MONTHS
Then prints purity,	NOI	PART 2. OTHER SIGNIFICANT ACUTE LIVE	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM RENAL FAILURE	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
ransit permit. Hygiene priar 18 shaws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
1 10 c /		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	LAIN .	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	NRT I OR PART 2)
After this cer e as the buria alth and Ment marked ar tter	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM. ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: for us of He		sow the deceased alive a	pital) attended the deceased from a 10/27 19 19 19 19 19 19 19 19 19 19 19 19 19	10/24 , 19 80 80 , and that in (my) (aur) opinion	death accurred on the date and hour	9, that (I) (we) lost and from the causes stated
the CD at the CD		226. SIGNATORE	Seifter	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10/27/80
retained by the TO FUNERAL should be detiventhe the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE	SEIFTER		KING HOSPITAL	
BP	23a i	URIAL, CREMATION, REMOVA	10/31/80 F	NAME OF CEMETERY OR CREMATORY OF LEWESTER (LEW	23d. LOCATION CITY OF TOWN	COUNTY JAM J STATE
AH-16 30M 2/80 (VRA 15, 4)	24 FI	INERAL DIRECTOR	20 Pa 3038 9		TE REC'D. BY REGISTRAR 256. REGISTA	PAR'S SIGNATURE



Balto. Md. 21213

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

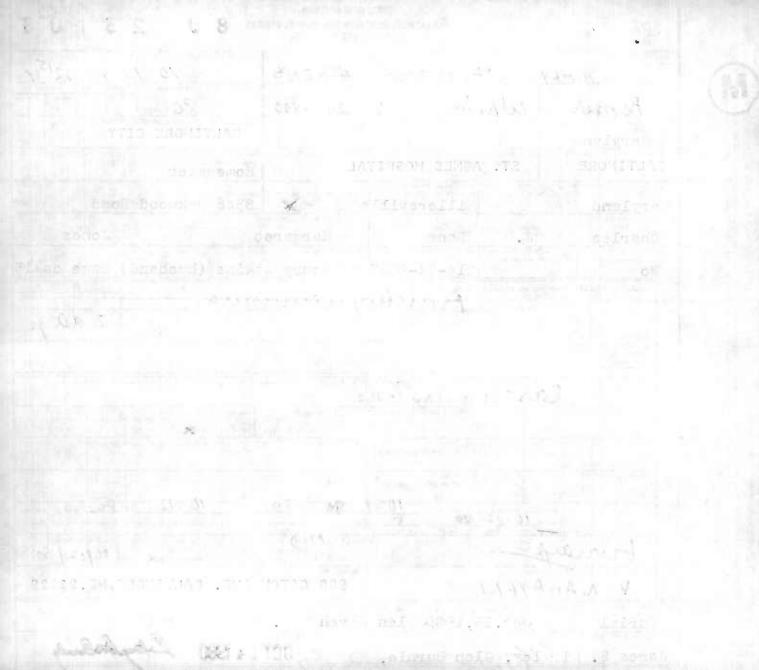
(VRA 15, 4) 1/79

Home. Inc.

8 0 25 0 house wanted (SE) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

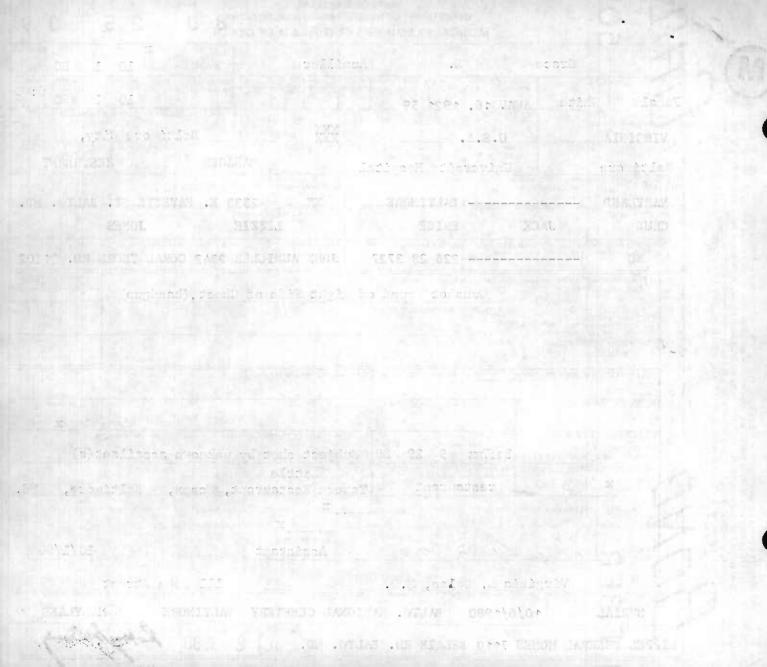
MILO ECOMITIAN INTERPRETATIONS THE RECOUNT IN SECTO ON THE SETTINGE NO STORE

V	1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0	2	5 1 0	8
M		CEASED NAME FIRST OR PRINT) MARY	CHRIS TI	NE ATKINS 5. DATE OF BIRTH	28 DATE OF DEATH	MONTH DAY	YEAR 25. HOUR 80 1215 NDER 1 YEAR OF UNDER 241	PM HRS
house of the state	70. B	Female	White	MARRIED TO NEVER MARRIED	9 BALTIMORE CITY	YRS. MON	DEATH	IN
the funera within 72 be notified	10 0	Maryland	USA 11. NAME OF HOSPITAL, NURSING	WIDOWED DNORCED DHOME OR OTHER INSTITUTION	BALTIMO	ION	Y 12b. KIND OF BUSINESS INDUSTRY	MD.
illed in by	USU 13e	AL RESIDENCE (IF NURSING HOMEOR STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE IY I 3c. CITY OR TOWN Millers	ADMISSION) 134. INSIDE CITY LIMITS?	Homemake		088	
cecuted within 24 h	_	aryland AA ATHER'S NAME FIRST Charles	Thomas Lang	VILLEYES NO	ME	wood n	Jones	
cian and co		No	214-24-	9067 A Henry A	ADDR tkins (hu	sband)	Same as	13
certific g physi n paper remova		PART I. DEATH WAS CAUSED	E CAUSE (a)	chopneum	orina		BETWEEN ONSET AND DEA	TH
that the death by the attendin e remove carbo , cremation, or or other traum		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUED				zacy.	_
aw requires gen signed b Then please or to burial, any injury.	NO	/ / -	ONDITIONS CONTRIBUTING TO D	EASTH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	N PART 1(0)	
te has b bermit.	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? YES NO 138	IN CERTIFYIN		
HYSICIA physicia inscertifia rial-trans Aental Hy or Item	7	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	19	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART I	OR PART 2]	
attending Patter that as the buralth and N	MEDIC	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC) 211 LOCATION STREET	CITY OR TO	wn 12	COUNTY STATE	_
R ATTE or spital or in RECTOR for use pt. of Hem 21		saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	ol) attended the deceased from 19 19 19	, and that in (my) (our) apinion	death accurred an the d	late and haur an	d from the causes stated 22c. DATE SIGNED	
J & 10		224 PHYSICIAN'S NAME (TYPE OR	PRINT)	ATTENDING PHYSICIAN [CIAN	10/12/80	-
TO HOSPITA retained by the TO FUNERAL should be deta with the State IMPORTANT	23a.	V · NAR F BURIAL, CREMATION, REMOVAL SPECEY)		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COL	INTY STATE	
BP DHMH-16 25M		Burial UNERAL DIRECTOR	ADDRESS	0.03	e REC'D. BY REGISTRAR	ırnie	AA MD	
(VRA 15, 4) 1/79	e	ames S. Kirk	ley, Glen Burn	ie, MD	T 4 1900	, ,		



DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-Grace E. Aumiller 19 80 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 6:00 DEAD Female. White AUGUC16. 1921 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED Baltimore City, VIRGINIA 12b. KIND OF BUSINESS RESTURANT Baltimore University Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND. ---- BALTIMORE 14. FATHER'S NAME JACK DOLE PRICE CHUBS LIZZIE 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 226 28 3727 JOHN AUMILLER 2242 CORAL THORN RD. @1202 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AS CAUSED BY:

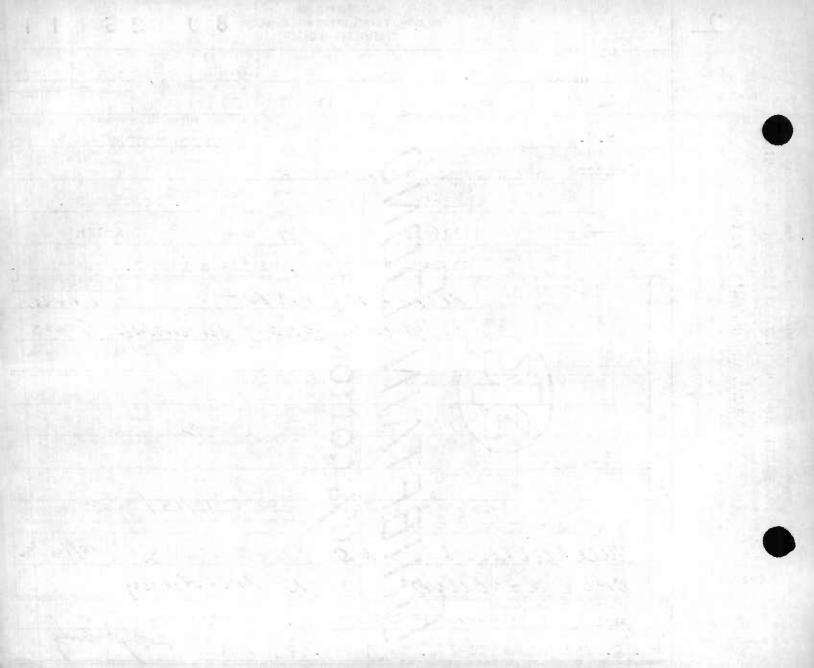
MMMEDIATE CAUSE (a) Gunshot Wound of Right Side of Chest (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? Ö DEPARTMENT OF YES X NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 29 19 80 Subject shot by unknown assailant(s) CONTRIBUTING CAUSE OF DEATH 211. LOCATION Little 21e. PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK restaurant Tavern Restaurant, Essex, Baltimore. Md. Autapsy X 22a. I certify that I taak charge of the remains described above, held an Inspection Hamicide X Natural causes Undetermined manner TO M. EXECUTE. PAGE A SHO. TO FUNERAL DIR. AFTER DEATH, W. TITLE (SPECIFY) 10/1/80 Assistant EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE MARYLA NO SPECIFBURIAL BALTIMORE 10/6/1980 BALTO. NATIONAL CEMETERY 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. NEW 11 **DHMH - 17** DIPPEL FUNERAL HOMES 7110 BELAIR RD. BALTO. MD. VR A15 ME (5) 15M 7/76



\$ 6		1-3	FORItems	18a. 2	la21f. 11 ₁ 10- ME C	EPART	MENT OF	HEALTH	AND MENTAL	L HYGIENE	8 0		2 5		10
	HYNY		REGISTRAR 1	FIRST	Tallo-MEL	MIDDLE	EAAMIN	IEK 5 C	EKTIFICATE		. DATE KN	REG. NO.	MONTH D	AY YEAR	2b HOUR
			E OR PRINT)	GEORG	žæ	E.		ATT	STIN	20	OF E	SII-		4 1,80	20 HOOK
28	E SE	3. SEX	[4,	RACE	15. DATE OF BIRTH	₽.	6. AGE (IN YE	ARS I IF UN		DER 24 HRS. 20	c. DATE	AILD L	MONTH D	DAY YEAR	2d HOUR
DATE	₹ ts	ma	le	negro	9 10	24	56 y	AY) MONTH			RONOUNCE DE AD	D	10	4 1,80	1:55 D M
Mach	1	7a. BIF	RTHPLACE (STAT		76. CITIZEN OF WH	AT COUN		To.	ED NEVER MA	PRIED 7	BALTIMOR	RE CITY OF	R COUNTY O		1 P M
22	395	,FOI	REIGN COUNTRY)	VA	US	A		WIDOW		DRCED 🗆	Balt:	imore	City		MD.
C THE F	S ME FIRED		ry or town of Baltimo	/	11. NAME OF HOSE South Ba	ITAL, NU LITY, GIVE S Ltim	RSING HOMI TREET ADDRESS) Ore Ge	e, or othi neral	Hosp.		AL OCCUPAT OST OF WORKING		OF WORK 12b	KIND OF B OR INDUS	USINESS TRY
21201 F ANY D	SHOULD SHOULD	⊌SUA I3a. ST		13P/CON	R OTHER INSTITUTION, GIV	13c. CITY	OR TOWN		13d. INSIDE CITY LIMITS	19	et address 45 Ca	atanı	na Av	e.	
MD. ATH.	12 / TAL		THER'S NAME BUD		MIDDLE	usti			15. MOTHER'S MA FIRST Irer		MIDD		M	arrov	v
MORE, A	SS 1 AP	160. W	S NO OR UNKNOW	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)		CIAL SECURIT		17. INFORMANT			ADDRESS			61-11-6
BALTIMORE, IRS AFTER DE GIVE PAGES	PAGES		Yes					1376	Betty I	L. Aus	tin 1	1945	Cata		
ST., B.	E DI W		18. CAUSE OF PART I DEA	DEATH (Enter on TH WAS CAUSE	ly ane cause per line	far (a), (b), and (c).)		and a					APPROXIMA	TE INTERVAL
ON S	ALONG WIT PERMIT. HYGIENE, D	7	915	MMEDIA"	TE CAUSE (a) MU	LTIP.	re inj	uries	5			30.46			
PRESTON VITHIN 24 CIL IN ITEM	HYC		Canditians	, if any, which	DOE 10, OK	AS A COI	43EQUENCE	Or							
301 W. PRES	TRAN		cause (a) si	ta immediate tating the <u>under-</u>	DUE TO, OR	AS A CON	NSEQUENCE	OF							
301 V	SIAL-		lying cause	last.	(c)										
., 0	LHE MEDICAL EXAMINER ALONG USED AS A BURAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT REL	ATED TO THE TERM	AINAL DISEASE	OR CONDITION GIVEN II	N PART 1 (a)					
	AS AS ALTH	NOI						TO PER				,			
TAL REC	SE	CAT	19a. DATE OF C	PERATION	196. CONDIT	ION FOR	WHICH OPER	RATION W.	AS PERFORMED?				2	D. AUTOPS	
DIVISION OF VITAL IS CERTIFICATE SHOU SITING THE WORD "Y	URIAL VENT	CERTIFICATION	21a EXTERNAL	CALICE WAS	21b. TIME OF	INTHIDA		Int. NO	OW INJURY OCCU	DDED	ATURE OF INJURE	V D L WELL 10 D	ARY I OR BARY DI		NO 🗆
CATE	UID 8		UNDERLYING	OR	HOUR A.M.	MONTH	DAY YEA	R	iver of						
IVISION CERTIFIC	SHOU	MEDICAL	CONTRIBUTING	CURRED	DEATH 12: CP.M.	10 FINJURY	4 19 C		CATION	truck/	lixed	00]6	ect In	pact	
DIVISIO THIS CERTIF	ULU BE FORWARDED 10 THE CHI DIRECTOR, PAGE 3 SHOULD BE US, WITH THE STATE DEPARTMENT OF ARYLAND, 21201 REIGETO BURIAL,	ME	WHILE AT WORK	NOT WHILE	street, Fact	ORY, FARM, E	ETC.)	290	DO W. Pa	tapsco	AVE.	-	lto.		STATE C.
Ξ,	STAI		The state of		ge of the remains desc	رطم اممطنه		Autops			Inquiry [7	d in my apinio		
	SEE S		death resulted		ral causes :	Accident		picide .	. Hamicide		rmined mann		an my apime	"	
	A DIRECTOR M. WITH THE MARYLAND ()	91		//					TITLE (SPECIFY						
HE CO	AL DIRE		ACTUAL SIGNATURE_	MIN	VIA	10	-	M.	D. Assist	ant MEDIC	CAL EXAMIN	IER	DATE SIGNED_	10-5	-80
AEDICA UTE TH	TO FUNERAL DAFTER DEATH, BALTIMORE, MA		EXAMINER'S (N	AME	Ann M. Dix	con,	M.D.		ADDRESS	111 Per	nn St.				
ž.	PAGE AFTE BALT	230.Bl	IRIAL CREMATI	ON FEMOVALL	?3b. DATE	23c.	NAME OF CE		R CREMATORY	[23d, LOC	CATION		COUNTY		CYAYE
1/3 /BP		(5	Buri	1/	10/8/80				VA Cem		nelte				MĎ
DH	WH - 17	24. FL	UNERA P	**	ADDRESS					TE REC'D. BY F		25b 15	STRAR'S SIGN	NATURE	
	5 ME (5)) A 7/76	Wn	n. C. N	March F	/H 110:	E.	Nort	h Av	e. OC	6 1	1980	perg	7/10	creaty	

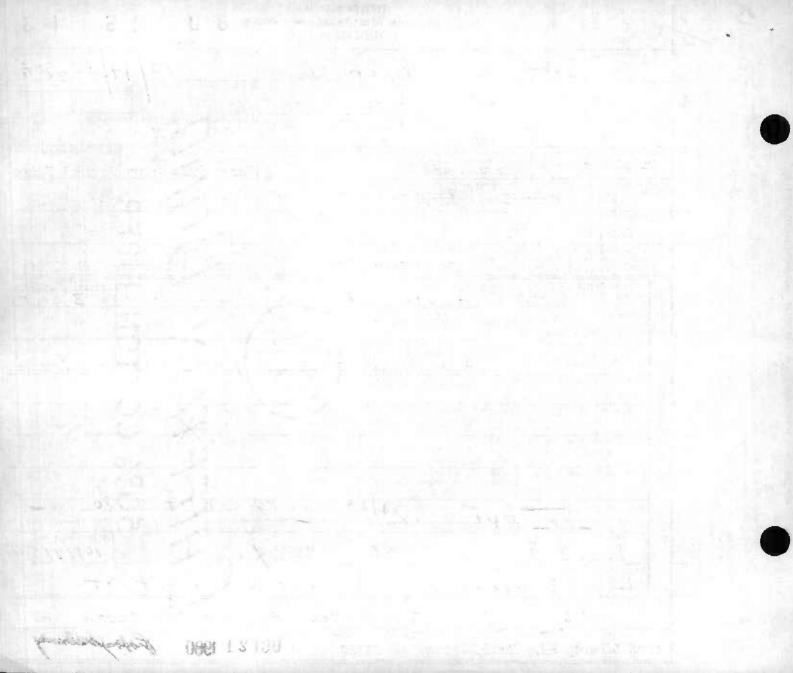
M-3-11 - 3-14 August Southern Committee of the Committ

2	h	FOR - STATE REGISTRAR	DEPARTM	NENT OF H	E OF MARYLAND (LEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 0	2	5	1 1
60		PECEASED NAME FIRST	WIDDLE	1	AST	20. DATE OF DEATH		AY YEAR	2b HOUR
16/1/2		GRACE	P.	AVE	7m	OCTOBER	18 1	980	70:50
	3. S	EX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY	FUNDER 1 YEAR	IF UNDER 24 HRS
200		Female	Negro	2	11 07	73	YRS	ONIES DATS	HOURS MIN.
D 2 12 57	7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		OF DEATH	MD.
201	3	Baltimore /	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) THE JOHNS HO	DODRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION		F BUSINESS OR
LIAND 21;	13a.	MD 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130. CITY OR TOWN Baltimo	V	13d. INSIDE CITY LIMITS? YES 🌁 NO 🗌	13e. SIREET ADDRESS 1220 E.	Pres	ton S	t.
MRYL Within	14. F	ATHER'S NAME	MIDDLE LAST	10	15. MOTHER'S MAIDEN NA	ME		IAS	T
MARY DREI ted with ted with omplete ond 2-	0	Plummes	Williams		Molly			Aslin	
MORE,		WAS DECEASED EVER IN U.S. AR {YES, NOOR UNKNOWN} (IF YES, GIV	MED FORCES? 166. SOCIAL SECUL (E WAR OR DATES) 230–10–		Earl M. Wi	ADDR		Pres	ton St.
201 W. PRESTON ST., ON MED BY es that the death certific Examinating ph please remove corbone please remove corbone virol, cremation, or remo		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	YEAR	ot carc		5	yns
NC NC ALI Sign Then to bu	Z	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	IDITION GIVE	N IN PART TO	31
AL RECORDS, A S N(The low requir The low sony injury	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	
A S E D SICIAN: T ng physic certificate miol-tronsi them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2)	
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DR ATTEND be hospital of DIRECTOR: A ched for use Oppt. of Heal them 21 is m	X		tol) oftended the deceased from		nd that in (in) (our) opinion DEGREE ATTENDING PHYSICIAN [deoth occurred on the d	FF s		
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90 9BP	23 o.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			emetery or Crematory nore Cem.	23d LOCATION CITY OR TOWN Baltimo	oro	COUNTY	STATE MD
101	24	FUNERAL DIRECTOR	10/22/80 Ba			TE REC'D. BY REGISTRAR	- 473	ARAGOGRAI	
DHMH-16 30M 2/80 (VRA 15, 4)			F/H 1101 ADDRESS N	orth	TOO OVE	2.0 1980	ALTT	11.00	7



P	1.	STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. NO.	251	12
ANI		CEASED NAME FIRST RAI	FFAELE	MIOOLE F .		CALA	10/20/80	NTH DAY YEAR	10:50a
	3. SE	x Male	4 RACE White		S. DATE (6. AGE (IN YEARS LAST BIRTHD.	AY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1 3 35		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A	F WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CITY OR C BALTIMORE	COUNTY OF DEATH	MD.
53 33	F .	TY OR TOWN OF DEATH Baltimore	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Dependent	12b. KIND (ORKING LIFE) INDUSTRY	OF BUSINESS OR
au FL BS	13a. S	AL RESIDENCE (IF NURSING HOME C STATE 13b COU <i>ryland</i>		N. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimos	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4615 Walther	Ave.	
D 100		THER'S NAME FIRST Angelo	MIDOLE A.	Baccala,	Sr.	15 MOTHER'S MAIDEN NA. Filomena	WE	Suri	ani
Baltimore, Maryland 2120 tote before the High Francis soli Communication in the High Francis of the High		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (19 YES, G NO	RMED FORCES?	None	RITY NO.	17. INFORMANT Mr. Angelo A	ADDRESS • Baccala, Sr		as # 13e
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W. PRESTON ST., of the deoth egoth se ramove corbon cremating, or re- shape to work to the other troumotic estates		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, (b)	OR AS A CONSEQUE	NCE OF	fibresis			
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ICIAN: I g physic entificat riol-fron mtol Hyg fem 18 sh	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	TITEM 18 PART I OR PART 2)	
IVISION UG PHYS ottendin ter this can be but he oud Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTENDIN spitol or TTOR: Af for use of Health		220.1 certify that (1) (this has sow the deceased alive a above, (1) ((we)) did) and in			50,0	nd that in (my) (our) opinion	, 10		tho (1) (we) lost
AL OR A the hos all DIREC detoched ote Dept		22b. SIGNATURE	2. 14	in 4.	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/1/	20-80
TO HOSPIT etoined by TO FUNER should be owith the Sti		22d PHYSICIAN'S NAME (TYPE	F. K	np Jr.		Blus Hykins		v. wolfe St	Battons
O 5 0 5 3 8		urial, cremation, remova specify) Intombment	23b. DATE 10/23			emetery or crematory	23d LOCATION CITY OR TOWN Baltimore	COUNTY Ma	ryland
DHMH-16 30M 2/80 (VRA 15, 4)	24. FU	INERAL DIRECTOR Teonard 7. R	uck In	ADDRESS	timor	25a. DAT	E REC'D. BY REGISTRAR 256	REPLY	Mudy

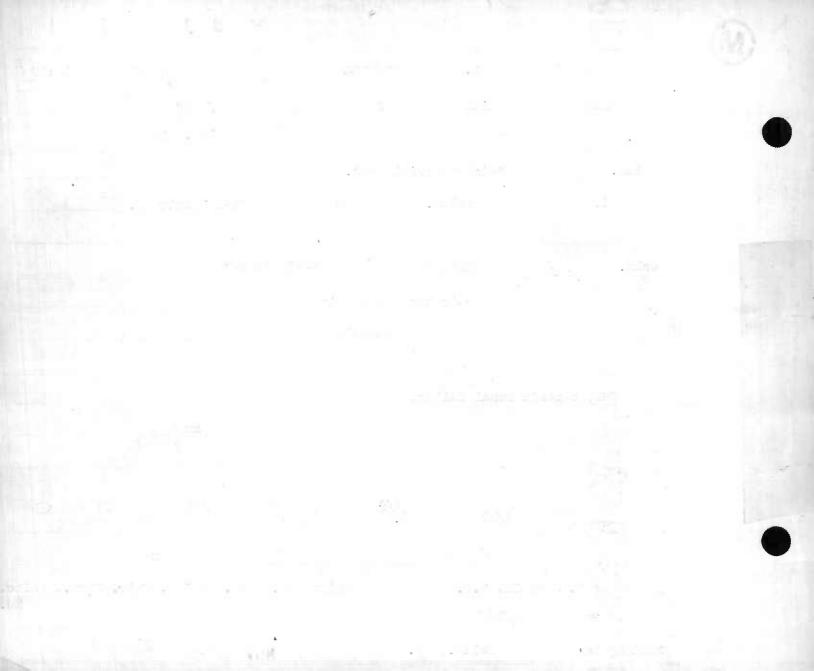
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Balto., Md.

Anatomy Board

(VRA 15, 4) 7/78



	1	500			E OF MARYLAND		25 May 4 M 100
0 1	1.	FOR STATE REGISTRAR	D		FICATE OF DEATH	YGIENE 8 U	25115
(mm) 4		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
A STATE OF THE STA			GINIA C.	BA	ILEY	10	14 80 3:55 AM
2 d., p. offi	3. SE	x	4. RACE	MONI	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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oth. P.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	444000	D NEVER MARRIED DIVORCED X	70	
er de fun within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
- * + * 影		ltimore	Church Home	e & Hospi	tal	(TYPE OF WORK FOR MOST OF WORK	INDUSTRY
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by ppers. Pages 1 and 2 should be fill vol. it, the medical examiner must be p	USU 130.	STATE 13h CO	11 a 1 July	ORTOWN	13d. INSIDE CITY LIMITS	13e. STREET ADDRESS	D 1
YLAN thin 2 thin 2 should be the control of the con	IA E	Md.	DATE Balt	timore	YESS NO	1302 Shore	Road.
MARY mplete and 2	13.17	FIRST		LAST	FIRST	MIDDLE	4 LAST
Comple Land	140.3	John VAS DECEASED EVER IN U.S.	C. Chese	eldine AL SECURITY NO.	Mary 17 INFORMANT	Viorginia	Long
MORE, nand co			CINE WAR OR DATES	72-6479			Delivery
LTIM be ion or Se m		No.			Gladys M.	Hall, Bushwoo	
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endin e carb on, ar		1579	DUE TO, OR AS A CO	NSEQUENCE OF			
dea dea otte over tion		Conditions, if any, which	((b) ADVAN	ICED CARC	INOMA OF THE	PANCREAS	
es that the death certifued by the attending phylosas remove carbana price, are any contract, are attending, are attending, are attending or remail.		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF			
that that d by lease ial, c		underlying cause last.	(c)				
DS, 20 quires signed hen pli a burin jury, a	z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTE	NG TO DEATH BU	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a
been rec	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS BTOPSY O	☐ 20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
TALRE la The la cician. The la giene p giene p shaws o	H	9-23-80	TYPI ODATODA	/ ! ADADOT		1	ERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
ON OF VITAL RI IYSICIAN: The k ding physician. is certifican. burial-transit pers Mental Hygiene or frem 18 shows	E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	LAPARUI	OMY: METASTAT	JRRED (ENTER NATURE OF INJURY IN ITE	
V OF VIII		OR CONTRIBUTING CAUSE OF			LE210N2		
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TTEP pritol for 1		sow the deceased alive	on 10-14	19.80, 0	nd that in (<u>my</u>) (aur) opinio	on death occurred an the date and	d hour and from the causes stated
OR A e has DIREC ached Dept.		226. SIGNATURE	1	. 11	DEGREE (/)		22c DATE SIGNED
the Date Date Date Date Date Date Date Dat		10	must	TIG .	AMENDING		1/02/4-80/80
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기 일을 으음을 볼	230	BURIAL, CREMATION, REMOV			EMETERY OR CREMATOR	Y 23d LOCATION	ORE, MARYLAND 212
10/CRD		SPECIFY)				CITY OF TOWN	COUNTY
/ WDF	24 F	Burial UNERAL DIRECTOR	10-17-80	Sacre	Heart 250. D	ATE REC'D. BY REGISTRAR 256 P.	St MARY Md
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		V. Clarke Matt	ingley. Leona	rdtown	Md.	1.14.0 1300	

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RY, PLEASE DIRECTOR DIV FILES 72 HOURS	female	white	5. DATE OF BIRTH	42	AGE (IN YEARS	MONTHS DAYS	HOURS	MIN PRONOU DEAL	NCED		.5 ₁₉ 80	12:09
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TAIN ORD	USUAL RESIDEN 130. STATE Marylane	189 COUN	OTHER INSTITUTION, GN	13c. CITY	DR TOWN	13d INSIDE C	CITY LIMITS?	3323 Ke	ssler C	t.	11	
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BALTIMORE, MD. DURS AFTER DEATH. 18. GWE PAGES 1. WITH FORM PM. T. PAGES 1 AND 2. DIVISION OF WITA	160. WAS DECEA (YES, NO, OR UN NO	(SED EVER IN U.S. AR KNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		vailable			. Baker	3323 Ke	ssler	Ct.	7/3
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L RECORDS, 301 W. PRESTY ULD BE EXECUTED WITHIN "PENDING" IN PENCIL IN SED AS A BURIAL: TRANNER HEALTH AND MENTAL HY CREMATION, OR REMOVAL		OF OPERATION	CONTRIBUTING TO DEATH		EO TO THE TERMINAL			T 1 (a).			20. AUTOPSY?	
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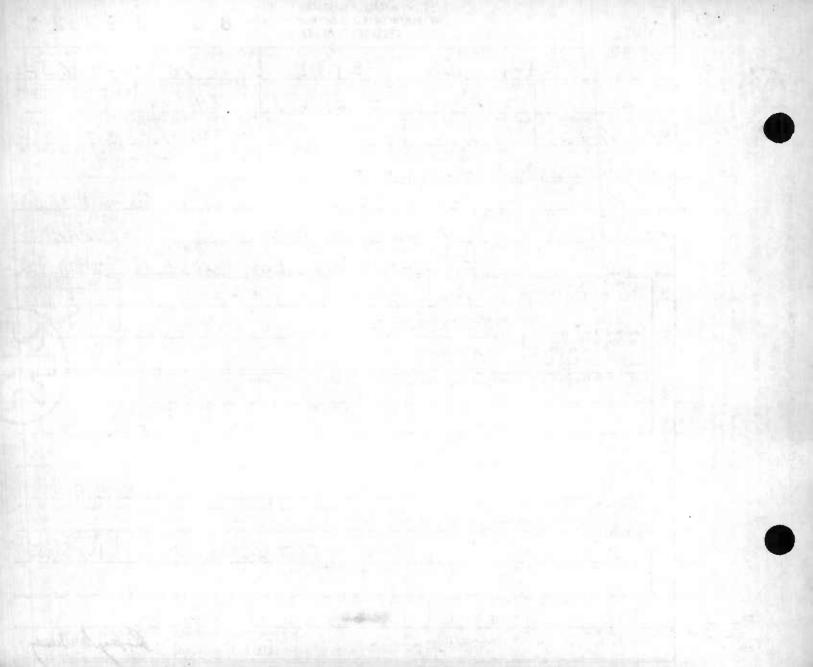
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😤 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR Gloria Balius (TYPE OR PRINT) 100. 9 2.52 PM 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) F UNDER 24 HRS MONTH DAY YEAR Female White 30 1933 LO. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore. DIVORCED T 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baltimore City Hospital Cashier DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Super Thrift 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Dundalk Maryland 932 St. Claire Lane YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Szczepaniak Canter Elizabeth Francis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANTEL ton L. Ballius (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No Claire La. Balto. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.00 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NO YES [NO [certificote Нув 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MONTH DAY YEAR MEDICAL FIGI (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. , that (1) (we) last sow the deceased alive on. _, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death DIREC 226 SIGNATURE DEGREE 22c. DATE SIGNED * MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS nould b 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION CITY OR TOWN Oak Lawn Baltimore 24 FUNERAL DIRECTOR Duda-Ruck. 250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S DHMH - 16 60M 1/75 (VR A 15 (4)) Wise Ave. Dundalk. Md.

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deoth 3		astor	L.	BALL	10	-3-80 835A
E POTE 1 1 2 P	3. SE	X 4. RACE	0	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
urs of urs	L	m	B	7 21 31	49	YRS.
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bee bee	CERTIFICATION	19a. DATE OF OPERATION 19b. (ONDITION FOR WHICH O	PERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ALR The land.	I E	10/2/80	MANUMENUM	f INTESTIVE	YES NO	YES NO
hysic ficote frons 118 st			IME OF INJURY JR. A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
SICIA ng pl certif priol-t tental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHY PHY Phis this he bu	MED	WHILE CO NOT WHILE CO (AT HE	LACE OF INJURY DME, STREET, FACTORY, OFFICE, FAR	211. LOCATION STREET	CITY OR TOW	N COUNTY STATE
or of Affer as the start of the		AT WORK AT WORK		100	1074	80
OR: OR: I is a		22a. certify that (I) (this hospital) atten- saw the deceased alive an	ded the deceosed from	ond that in (my) (pur) opinion	depth occurred on the dat	e and hour and from the causes stated
R ATI hospi RECT ed fc ppt. of		obote, (I) (we (did) (did not) view the	body after death.	DEGREE	/	22c. DATE SIGNED
the Digital Di). (HOU	aldul C	MANGAT S ATTENDING L	MEDICAL STAFF	11/1/80
HOSPITAL ined by the FUNERAL uid be detroid be detroid by the Store of	1	224 PHYSICIAN'S NAME (TYPE OR PRINT)		22e. ADDRESS	DIRECTOR PHISICIA	1170700
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of of white with the state of t	23a.	BURIAL, CREMATION, REMOVAL 23b. DA	TE 23c. NA	ME OF CEMETERY OR CREMATORY	23d. LOCATION	
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DHMH-16 30M 2/80	24. F	UNERAL DIRECTOR		25a. DAT	E REC'D. BY REGISTRAR 25	Sb. REGISTAR'S SIGN TURE
(VRA 15, 4)		Wm C March F/H	1101 E. Nor	tn Ave.	CT 6 1980	harman white the said



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Annapolis, Md.

250. DATE REC'D. BY REGISTRAR 256.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

WILLIAM REESE & SONS MORTUARY, P.A.

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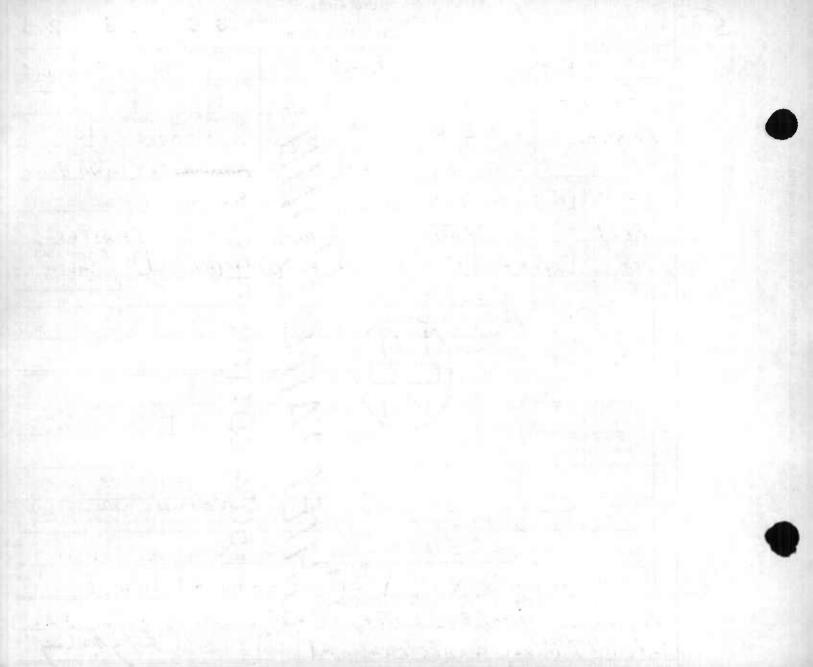
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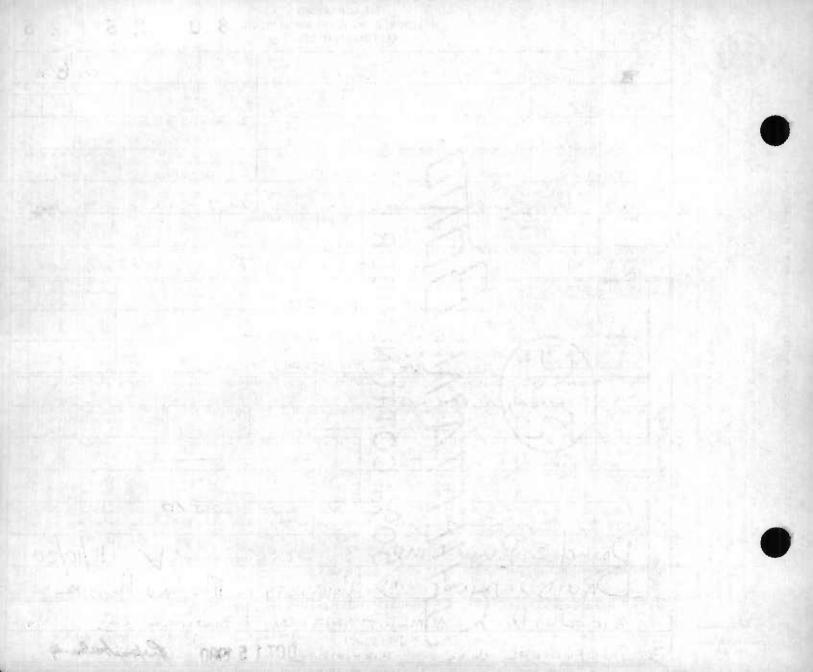
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH 1. DECEASED NAME DAY YEAR 2h HOUR CTYPE OR PRINTS LOUISE 1 3 SEX 4 RACE IF LINDER 24 HPS DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR 32 7a BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED NEWER MARRIED COUNTRY WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR 12m USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME AUDDLE FIRST MIDDLE ADDRESS 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [21a ACPIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK AT WORK 10 00 22a I certify that (1) (this haspital) attended the deceased fram, 10 saw the deceased alive an. and that in (my) (our) opinion death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 221. DATE SIGNED STAFF ATTENDING MEDICAL IMPORTANT PHYSICIAN DIRECTOR PHYSICIAN TO FUNERA should be defi with the Stat 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DAYE Burial Ballamore COUNTY 119/80 Cedar Hill 250. DATE REC'D. BY REGISTRAR 256. REDISTRAYS SI 24 FUNERAL DIRECTOR DHMH-16 25M C. March Funeral Home Inc. 1101 E. North Ave (VRA 15, 4) 1/79

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DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	8	0	1	2 5	1	2	7	
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DECEASED NAME FIRST TYPE OR PRINT 3. SEX 4 RACE B Female TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WE COUNTRY USA Ga. WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH
Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 130. STATE 13b. COUNTY Baltimore 2100 McCulloh Street YES X NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Susie Candies Humphrey Jesse ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 230-01-2225 747 W. Saratoga Rita Hunter APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO F 21g. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING -MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

DHMH-16 30M 2/80 (VRA 15, 4)

um. "C. March Funeral Inc. 1707ss E. North Ave

Burial

23a BURIAL, CREMATION, REMOVAL

FOR - STATE REGISTRAR

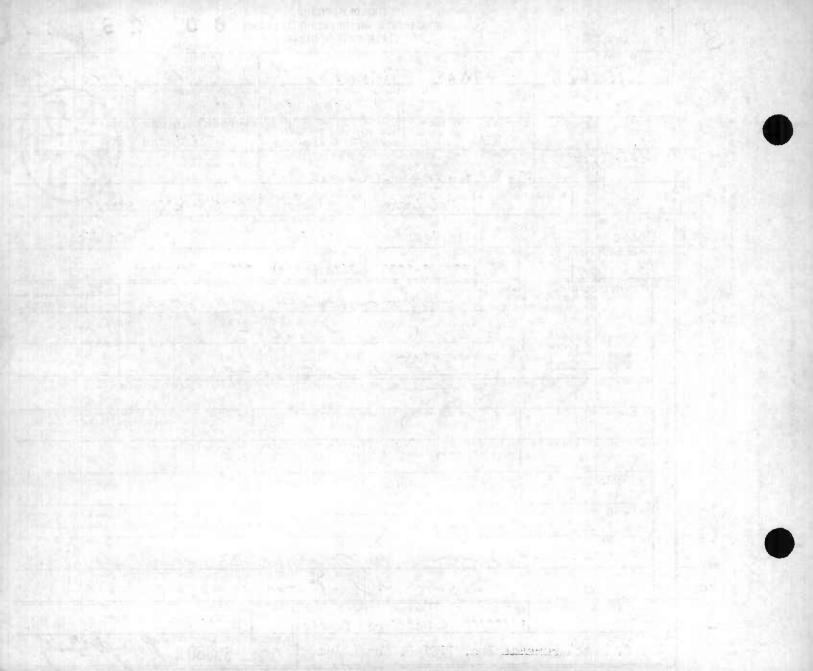
> 23b. DATE 10/18/80

23c. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

23d LOCATION Baltimore

COUNTY Md.

BY REGISTRAR 256. RE



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STATE OF MARYLAND

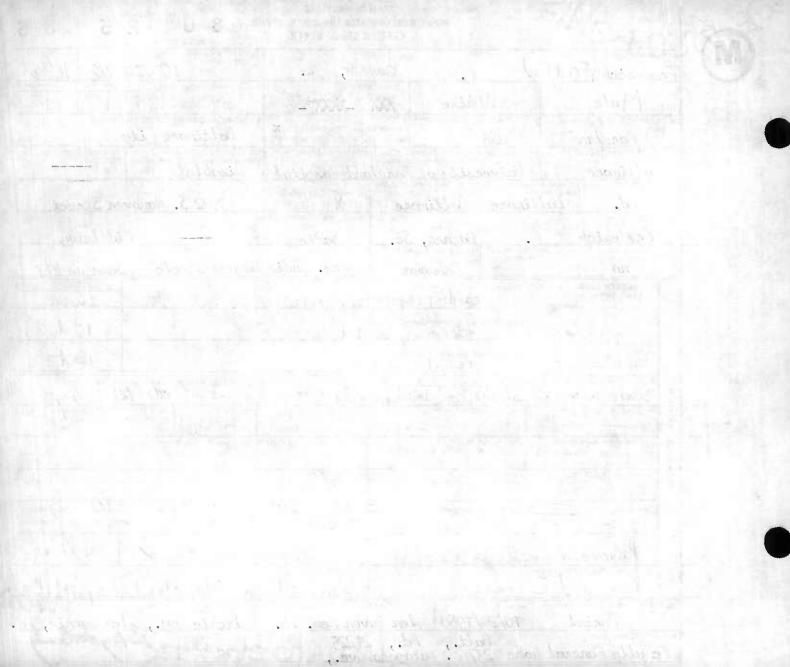
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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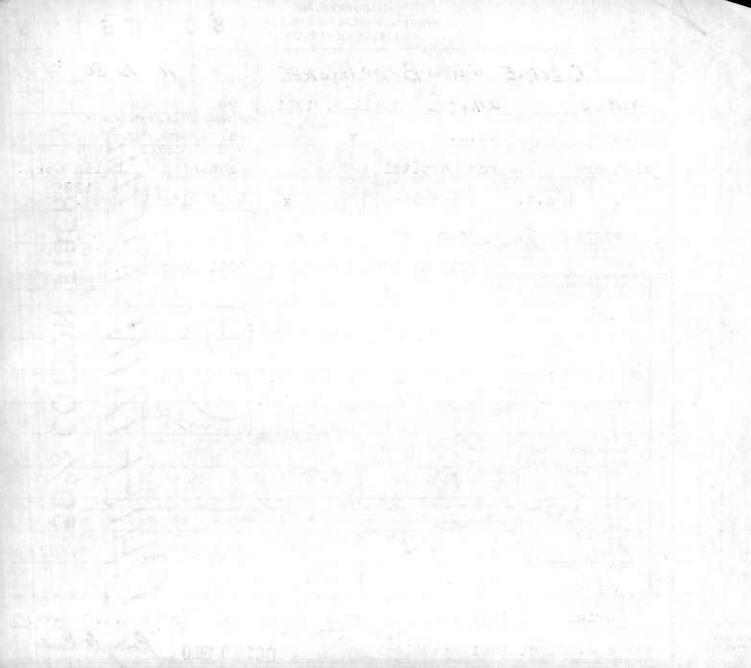


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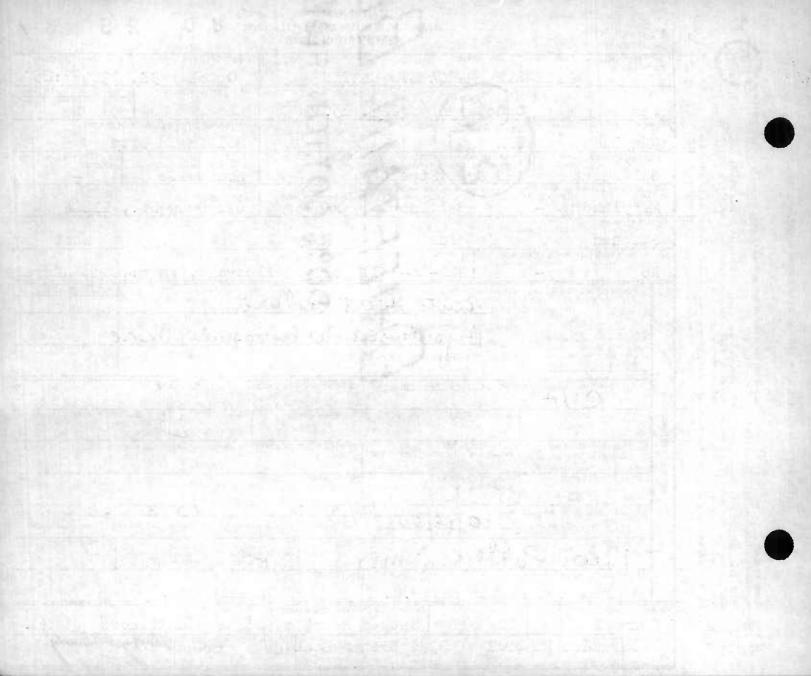
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Home. Inc



		FOR	DED A DYM	STATE OF MARYLAND	ounts O O	0 5 1 7 0
	1.	STATE REGISTRAR	DEPARIM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	25138
		CEASED NAME FIRST JE OR PRINT)	ames MIDDLE Edward	d ASTBecraft J	10/20/801	MONTH DAY YEAR 26 HOUR
	3. SE	10	20001	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
11		Male	Caucasian	July 21, 1922	58	MONTHS DAYS HOURS MIN.
V		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY O	R COUNTY OF DEATH
335		Maryland	USA .	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMOR	E CITY ME
The street	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	S HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON 12b. KIND OF BUSINESS OR INDUSTRY
8/0	_	BALTIMORE AL RESIDENCE LIE NURSING HOMEO	ST AGNES HOS		Chauffeue	r/Labbrer Gov'
33	13a. S	STATE 136, SOUI	timore Catonsv.	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1004 Ray	nor Avenue 2122
min	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST
0330		James Edwa	ard Becraft		May	Dyson
2		VAS DECEASED EVER IN U.S. AF	UE MAR OR DATES		ADDRE	SS
a a		Yes WW	II 214-14-3	3368 Mrs. Lilli	an C. Becr	aft Same as # 1
any injury, ar ather traun	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DE	NCE OF ANT LOT	M.C. MINAL DISEASE OR CONI	DITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
S shows ony	TIF				YES NO	YES NO
18 s		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DAY	Y YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
ŏ	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	21f LOCATION	CITY OR TO	WN COUNTY STATE
n 21 is marked		saw the deceased alive ar above, (I) (we) (did) and no	atal) attended the deceased from 19 5	ond that in (my) (aur) apinion	ta, ta	that (I) (we) los ate and haur and fram the causes stated
JT: If Item		22b. SIGNATURE	uns	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	
IMPORTANT: If them	1	22d. PHYSICIAN'S NAME (TYPE)	Verma	WILKENS & (CATON AVE.	BALTO. MD21229
		Burial, Cremation, Removal Burial	1- 1-	one of cemetery or crematory	Ellicott	county state City Howard, M
/80	24. F	uneral director c Nabb Funera	l Home Catons	ville, Md.	ATE REC'D. BY REGISTRAR	Distany Malusty

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(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

YEAR

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IF UNDER 1 YEAR

20 DATE OF DEATH

6. ALL LIN YEARS LAST BIRTHDAY)

CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

MONTH

BENNETT

FOR dad

REGISTRAR

ANNA

4 RACE

DECEASED NAME

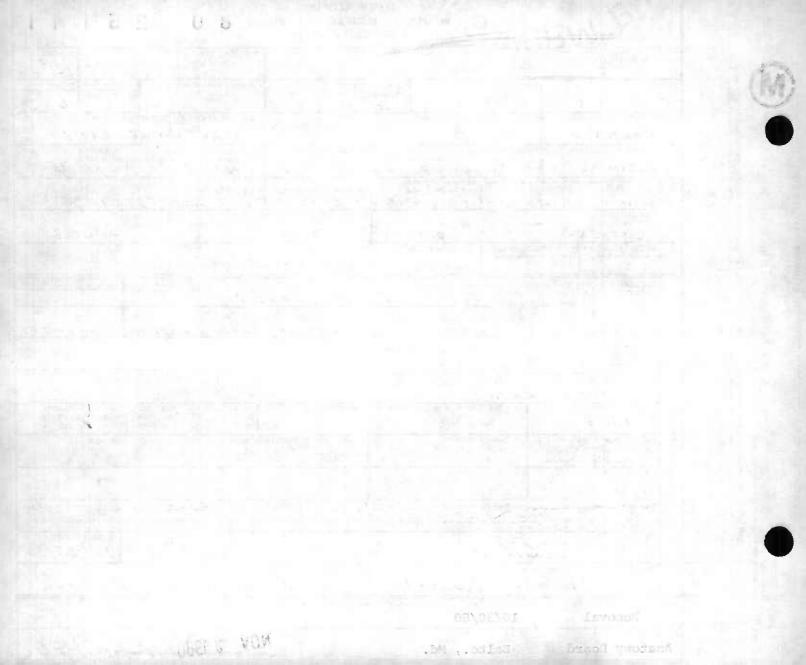
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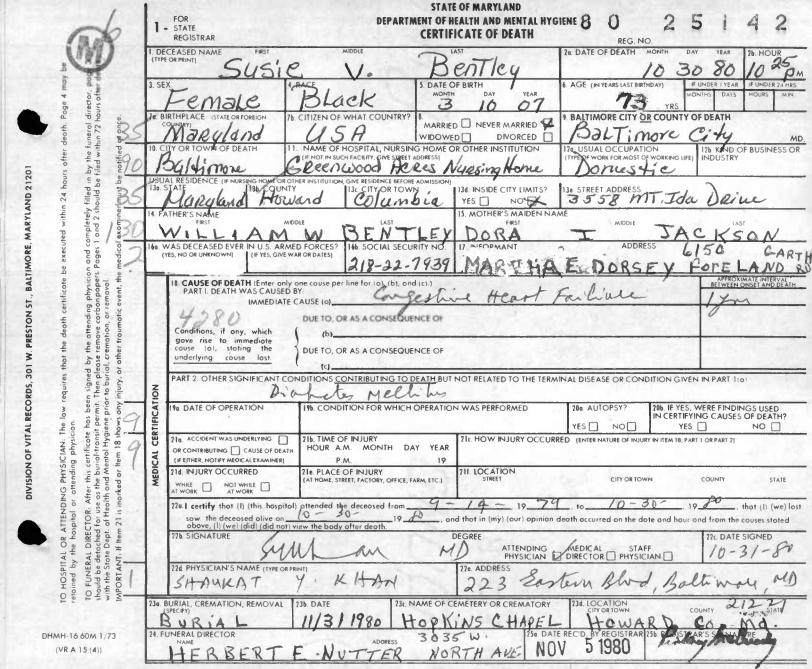
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		CEASED NAME THIT	271	antick C	SERVICE.	MF.	28 DATE OF DEATH	MONTH DAY	YEAR 25. HOUR
5 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	17199	BENT	LEY (BABY	GIRL			10 25	80 1210 PM
s after de	1 56	EMALE	RACE BLA	ICK	5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF UND	ER LYEAR IF UNDER 24 HRS
deatn. Pa		IRTHPLACE (STATE OR FOREIGN OUNTRY) MARYCAND	7% CITIZEN OF	WHAT COUNTS	2Y2 1	DI NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF D	CITY MO
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ificate be executed within 24 hour ysician and completely filled in by ppers. Pages 1 and 2 should be filectowal.	14. F/	ATHER'S NAME FIRST LUTHER	MIDDLE	GOR	HAM	15. MOTHER'S MAIDEN NA	AME MIDDLE	f.	BENTLEY
e be exected and company of the me		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (# YES, G	ARMED FORCES?	NON		HOSPITAL	CHART	SS	
DING PHYSICIAN: The law requires that the death cert strending physician. After this certificate has been signed by the attending phis she burial-transit permit. Then please remove carbon pa the and Mental Hygiene prior to burial, cremation, or remmarked or Item 18 shows any injury, or other traumatic	NO	18 CAUSE OF DEATH (Enter-PART I. DEATH WAS CAUSED IMMEDIAL Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OI DUE TO, OI DUE TO, OI (c)	R AS A CONSE	OUENCE OF	REMATURE OREMATURE NOT RELATED TO THE TERM	LABOR AND		GMINUTES PART 1101
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PHYSICIAN of physician. This certificate unial-transit p. Mental Hygi d or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	DEATH HOUR A.	M. MONTH M.	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 O	RPART 2)
ENDING PRofessional attending DR: After the burne ealth and Miss marked	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TO		UNITY STATE
ALCA ATTEN he hospital or a ALDIRECTOR tached for use a e Dept. of Hea		220.1 certify that (I) (this bas saw the deceased alive above, (I) (we) (did) (did 27b. SIGNATURE	on 10/	25 1	80 .00	d that in (my) (out) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the d	ate and haur and	from the couses stated 22. DATE SIGNED 10/25/80
TO HOSPIT, retained by to FUNERA Should be detained by the With the State of the Foreign Control of the Foreign Co		224 PHYSICIAN'S NAME (TYPE		ROGE	RS	UNION	MEMORI		OSPITAL
90 7BP	230	BURIAL, CREMATION, REMOVA SPECHYL Removal	23b. DATE 10/3		3(NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	
DHMH-16 25M (VRA 15, 4) 1/79		natomy Board	Bal	to., Md		250. DA	NOV 3 1980	250. REGISTRAR'S	SIGNATURE





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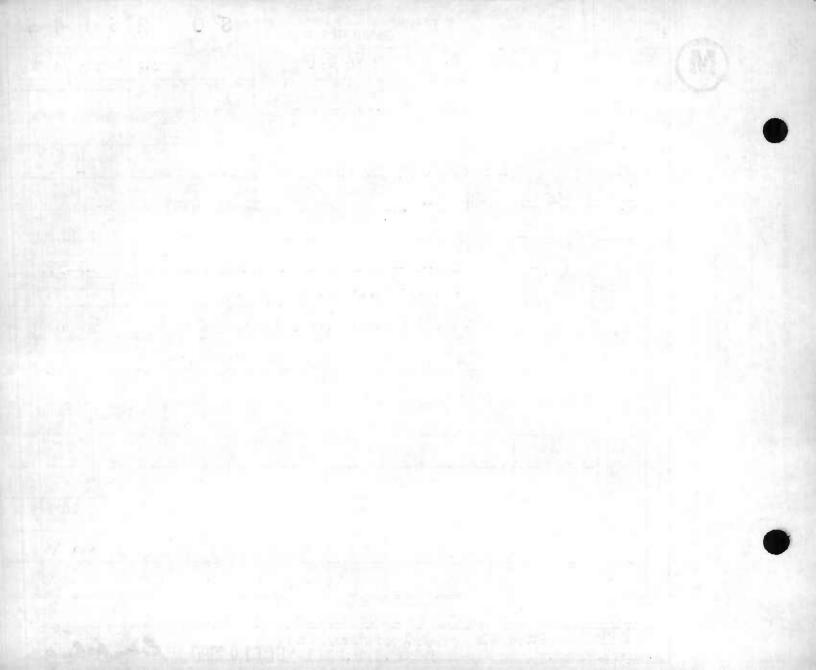
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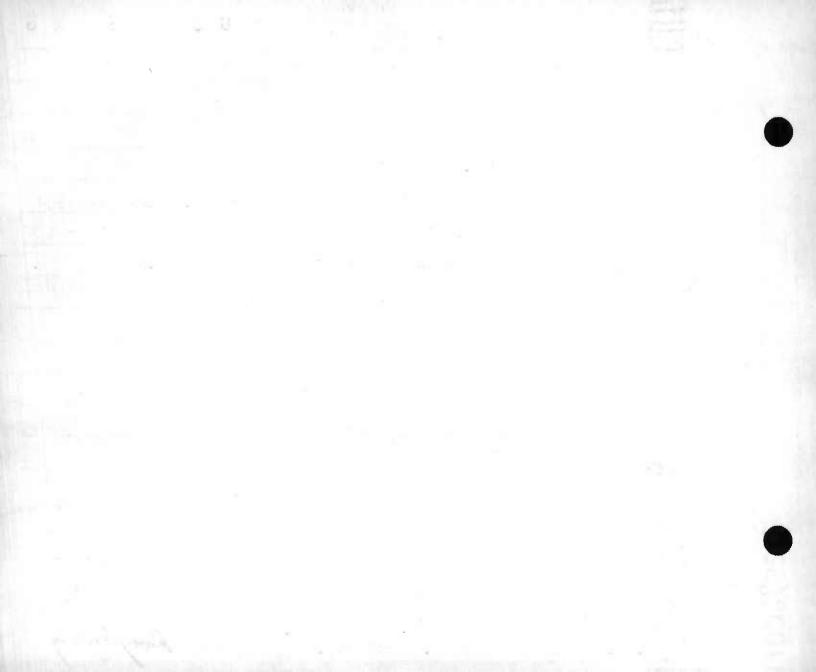
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beer mit prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V		
ALRI he lo ian. thes it per iene ions	TIE						YES NO	YES [NO DEATH?
DIVISION OF VITAL NG PHYSICIAN: The ottending physician ther this certificate h os the buriol-transit th and Mental Hayeier orked or Item 18 show	-	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	110.10		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
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STATE OF MARYLAND



STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		1.3	/			STATE OF MARYLAND			
8	6	16	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	25	48
	MAIL	6		CEASED NAME FIRST	WIDDLE	BIALCZAK	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
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	0 0 1		3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YE	
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	ter o	b / Ked	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS OR
102	rs of by t	1		BALTIMORE	600D SAI	MARITAM HOSPITA	1 RETIR	ED	CT
BALTIMORE, MARYLAND 2120	hou d in	901	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13e. STREET ADDRESS		0.
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ORE,	xecut nd co	edicol			MED FORCES? 16b. SOCIAL	SECURITY NO. 17 INFORMANT	ADDR	ESS	
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SALT	ote k sicio	ol.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	lly one cause per line for (a), (t	o), and (c)	H Seom TEA		CHMATE BITERVAL IN CROST AND DEATH
-	rtific phy	even	Mil		D BY. TE CAUSE (a) Cau	die pulmorary	avris	1	
N	h ce Iding	or re		410-	DUE TO, OR AS A CONS	FOLIENCE OF TOOL	- 1 T 1	7	
EST	deot	mon,	18	Conditions, if ony, which	(16)	myocard	ias trojo	rclion	
<u>R</u>	the of	er tre	liñ	gave rise to immediate cause (a), stating the	DUE TO, OR AMA CONS	EQUENCE OF	. 0	00-	
3	thot by	ol, cr r oth		underlying couse last.	1 CONO	nary artery	Diseaso	CH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	equires of signed Then ple	nto burio injury, o	NOI	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BURNOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
0	bee mit.	prio C	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE	DINGS USED
A N	he le lon. hos	giene	TIE				YES NO	IN CERTIFYING CAUS	NO []
VII.	N. T.	T &	CER	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2	1)
Ö	ICIA g pt ertifi	Item 1	AL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	illi	DAY YEAR			
O	HYS ndin	or It	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TO	OWN COUNTY	STATE
N/S	ING F	rked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)			31716
۵	ADIN Per Af	s mo		22a I certify that (I) (this haspit		om 10-7 , 19 82) to 10-1	2 19 80	_, that (I) (we) l ast
	TIEP pitol	of H 21 is		saw the deceased olive on abave, (1) (wa) (did) (did not	10-12	19, and that in (my) (op.) apinion	death occurred on the d		
	OR A bose hos	Hem Hem		226. SIGNATURE	O d	DEGREE		22c. DA	TE SIGNED
		T: If		Kopita	K. Cr	mo, ATTENDING PHYSICIAN	MEDICAL STA	FF IAN V 10	112/80
	HOSPITAL ned by the FUNERAL	TAN		224 PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS	0	1/2	1,
		with the State		KOSITA.	K. Crui	- GOOD	SAMAR	11AN Ita	SPITAL
	of To Shoot	3 ₹	23a. B	URIA, CREMATION, REMOVAL	23b. DATE	234 NAME OF CEMETERY OR CREMATORY	23d LOCATION	17.3.	
01	BP		(BURIAL	10/15/1980	ST. STANISLAUS (E.	M DALTIY	MORE COUNTY	MB-
	DHMH-16 30M	2/80	24 F	NERAL DIRECTOR	1 1		TE REC'D. BY REGISTRAR	25h. RP TVAR	Windy
	(VRA 15, 4		KI	YMOND L. KAG	ZORDIUS TOOR	2525 HEET JT 11	CT 1.5 1980	1	/

The state of the second There is a second of the second Marie Talance Car Company of the contract of the NAME: Fewronia Bilenki

DATE OF DEATH: October 26, 1980

PLACE OF DEATH: Baltimore City SEE: #80-25151

DHMH 2485 - Vit. Rec.



NAME: Benjamin Franklin Billings

DATE OF DEATH: October 30, 1980

PLACE OF DEATH: Baltimore City SEE: #80-25152

DHMH 2485 - Vit. Rec.

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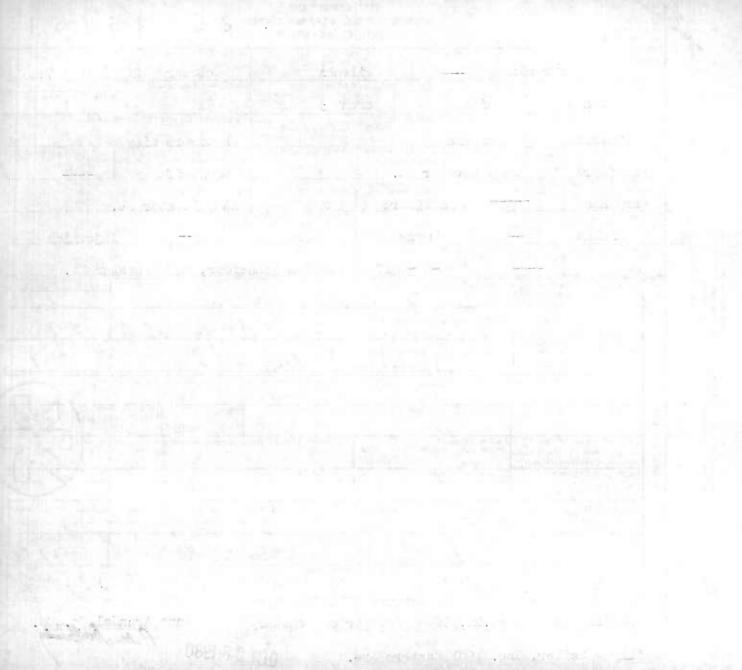
70	1.	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	0 0 2 0	149
	1 DE	CEASED NAME FIRST		MIDDLE		AST	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
(M)		John			Bil	lmann	October 9,1980	22
	3. SE		4 RACE		5 DATE			NDER I YEAR IF UNDER 24 MIS
8 91		Male	Wh	ite	Jun	e 5,19001	80 YRS.	
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9 17 17		Germany	U.S.		WIDOW	DIVORCED	Baltimore City	mb.
- 1 11 100		altimore	11. NAME OF	HOSPITAL, NURSING STREET LOUD	ADDRESS) A	ve. 21229	The distance of the life of th	IZE KIND OF BUSINESS OR INDUSTRY Railroad
11.20 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1450	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		E ADMISSION)		-	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 frount relateding physician. Where this certificate has been signed by the attending physician and complete refilled the ost breather constituents. Then please remove corbonopopers, Pages 1 and 2 found the find and Mental Hygiene prior to build, cremation, or remost, the medical examining arked or them 18 shows any injury, or other traumatic event, the medical examining and arked or them 18 shows any injury, or other traumatic event, the medical examining and arked or them 18 shows any injury, or other traumatic event, the medical examining and arked or them.	130.	Md.	NTY	Baltim	ore	YES NO [242 S. Loudon	Ave.21229
Ryth with	14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		LAST
MAM we ample of what	0	Peter	Bil	lmann		Marie	Webe	
MORE, e execut n and cc Pages 1	160 \	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16h SOCIAL SECU		17 INFORMANT	ADDRESS	
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N OF VITE SICIAN: T ng physici certificate urial-transi tental Hygi	N S	OR CONTRIBUTING CAUSE OF DE.	AIN .	M. MONTH D	AY YEAR			
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E 9 E 5 B 2		sow the deceased alive on above. (1) (we) (did) (did) and	ot) view the body	ofter_death.	0	nd that in (my) (our) apinion	death accurred on the date and hour an	d from the couses stated
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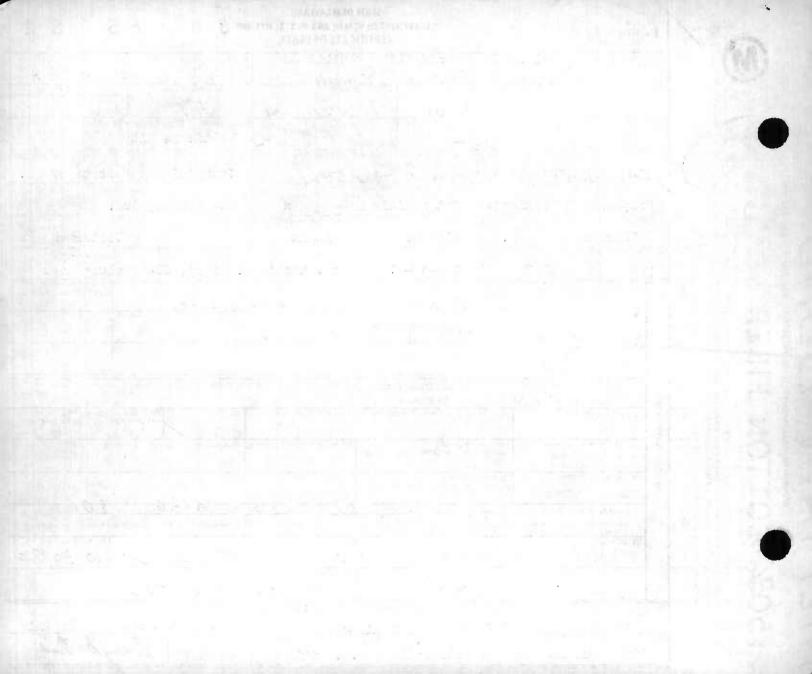
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	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 2	5 5 0
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8 4	1 8	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	
d or Item 18		OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
10	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
9	2	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) SIREET	CITY ON TOWN	die State
			tal) attended the deceased from	10/24 , 19.80	, to_ 10/26 &	19, that (I) (we) last
21:		saw the deceased alive an	1) view the body after death.	and that in (my) (our) opinior	deoth accurred an the date and ha	our and from the causes stated
# # # # # # # # # # # # # # # # # # #		22b. SIGNATURE	T WEW THE GOOD OTHER GEGIN.	DEGREE		22c. DATE SIGNED
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ZA	1	22d PHYSICIAN'S NAME (TYPEO		22e. ADDRESS		1,708
with the State C		A-K.NK	CARRY AD.	2	T. 46NES #	するかかりて
	(SURIAL, CREMATION, REMOVAL SPECIFY) Burial	10/29/80 Wo	odlawn Cemeter of CREMATORY		Maryland, STATE
2/80	24 FL	INERAL DIRECTOR Conting	Juneral Estate ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 256. REGIS	
		736 E	Imondson Ave. ADDRESS	00	T 3 1 1980 P	to character of the
	-	# 1 m 2 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	70			

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				~		OF MARYLAND			
	11.	FOR		DEPARTM	ENT OF H	EALTH AND MENTAL HY	SIENE 8 0	2 5	5
		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST OR PRINT)		MIDDLE	L	AST	20. DATE OF DEATH	NTH DAY YEAR	2b. HOUR
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er ce fu	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b, KIND (OF BUSINESS OR
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2120 Min hour	USUA	AL RESIDENCE (IF NURSING HOME COTATE 1136 COU	OR OTHER INSTITUTION			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
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death ce		Toodstoor it am which	DUE TO, O	R AS A CONSEQUEN	NCE OF	M. marchi	1 Deaner	1 5	- gr
the deremover trought		Conditions, if any, which gave rise to immediate	(b)_	MANN	~~	ways com	y pyrony	-	
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301 sed the pleo		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRINITING TO DE	EATH BUT	NOT BELATED TO THE TERM	AINAL DISEASE OF CONDU	IONI CIVEN IN PART 1	
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ew re ow re rmit. I prior ony ii	A T	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WERE FINDS	NGS USED
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DHMH-16 60M 1/73 (VR A 15 (4))		NAME	T 3.0	ADDRESS			- 9 & 198N	Training Indian	7



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	£ 0.1	3. SE	X	4.	RACE	^	5. DATE (DF BIRTH H DAY YEA		E (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
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	4 35 40		IRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUN	RY? 8	D NEVER MARRIEL		LTIMORE CITY OR CO		
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	1 11 1/1	10 0	ITY OR TOWN OF DEA	TH 11	IF NOT IN SUC	HOSPITAL, NU	RSING HOME (TREET ADDRESS)	OR OTHER INSTITUTION	(TYPE	JSUAL OCCUPATION OF WORK FOR MOST OF WOR	KING LIFE) INDUSTE	D OF BUSINESS OR
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AND 2120	of the state of	USL 13a	AL RESIDENCE (IF NUR	OR OT	THER INSTITUTION	113c CITY OR	BEFORE ADMISSION)	113d INSIDE CITY LIMI	TS? 13e S	TREET ADDRESS		
AND	4 章 数	> [Maryland	Balti	more	Caton	sville	YES NOX		304 Newburg	Ave.	
RYL	4 42	14 F	ATHER'S NAME	MID	DDLE	LAST		15. MOTHER'S MAIDE	NAME	MIDDLE	3/4/5	1257
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AL R	he lo	E							YE	S NO	YES	NO [
VII	HYSICIAN: The adding physicio pis certificate burial-transit il Mental Hygie or them 18 sho	Ü	210. ACCIDENT WAS UND		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2	2)
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	hos hed hed ept.	9 3	226. SIGNATURE		7	4 6		DEGREE				ATE SIGNED
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	0 f o d o d o d o d o d o d o d o d o d o	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR OR PANA		d. LOCATION		
110	_ (/ BP		Burial	the state of	11/3/8	0	Chast	out Grove		Independen	COUNTY	Virginia
400	DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	1630 E	dmonds	on Ave.	. Cator	rsville Md 15	a DATE REC	D. BY REGISTRAR 25b.	ESTRAR'S SICH	ATURE
	(VR A 15 (4))	U	Jitzke Fune	ral Ho	me of	Catons	ille,	P.A. 21228	OCT 9	1 1980	minterry / P.	cready



NAME: John Billmann

DATE OF DEATH: October 9, 1980

PLACE OF DEATH: Baltimore City SEE: #25149

DHMH 2485 - Vit. Rec.

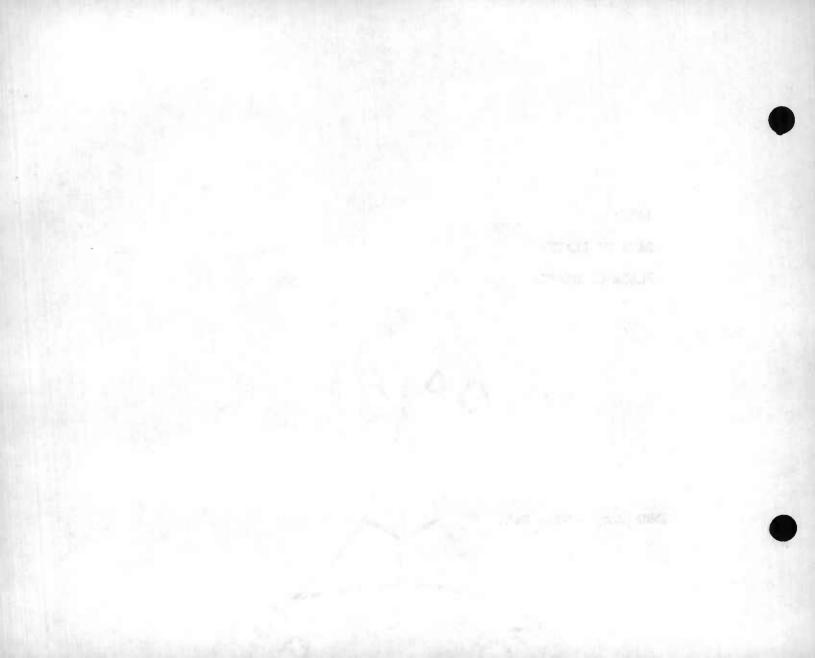


NAME: Joseph R. Binder

DATE OF DEATH: October 26, 1980

PLACE OF DEATH: Baltimore City SEE: #80-25150

DHMH 2485 - Vit. Rec.



	DECEA	ISTRAR SED NAME FIR	ST	WIDDLE	LEXAMINE		ST		20. DATE	REG. NO		DAY YEAR	2b. HO
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	UAL RE	SIDENCE (IF IN NURSING)	OUNTY	13c. CI	NCE BEFORE ADMISSION ITY OR TOWN 1timore		3d. INSIDE CITY		STREET ADDRI		avet	te St.	446
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		PART I DEATH WAS CA	AUSED BY:	Er	oidural l	nemor	rhage				77	BETWEEN ON	SET AND DE
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Cumberland, Md

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William G. Kight

(VRA 15.4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1		STATE OF MARYLAND	
8	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH	5 5 5
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ge 4 mr	3 SE	MALE	S. DATE OF BIRTH S. DATE OF BIRTH OCT. 29, 1910 6. AGE (IN YEARS LAST BIRTHDAY) VRS	MONTHS DAYS HOURS MIN.
orth. Po	70. B	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	TIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH TYPE
the fundamental	10 C	ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 124 USUAL OCCUPATION	126. KIND OF BUSINESS OR
- + + T	L	ALTIMORES	JE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 13 NELSO W AVE LONDON FOR	FACTORY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'S CONTROL OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'S CONTROL OF THE CONTROL OF CON	N	ARY CAND 136 COUNTY		ON AUTHUE
MARYL mpletely ond 2 s)4 F)	THER'S NAME MIDDE	15 MOTHER'S MAIDEN NAME FIRST MIDDLE	n (AST
MORE, M. nond comp. Poges 1 or medical		VAS DECEASED EVER IN U.S. ARMED		2216
be exection and c		NO.	579-12-4067 (DAUGHTER) NANNIE HENDERSON	ANNAPOLIS RD
VST., BAL certificate mg physici ban paper r removal. ic event, th		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY	la scarre de description	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST h certi ding p orban or ren		1629	DUE TO, OR AS A CONSEQUENCE OF	- Gres
the death the attence remotion, cer froumo		Conditions, if any, which gave rise to immediate	(b)	
that the day the ease remain of cremain or other the			DUE TO, OR AS A CONSEQUENCE OF	A CONTRACTOR
RDS, 201 equires th n signed k Then pleo roburial,	z	PART 2 OTHER SIGNIFICANT CONE	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
been been mit. II prior h	CERTIFICATION	19a DATE OF OPERATION		, WERE FINDINGS USED
TAL REI	RTIFIC		YES NO YES	YING CAUSES OF DEATH? S NO
SION OF VITA PHYSICIAN. The ending physicia this certificate the buriol-transit and Mental Hygis d or Item 18 sha		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	ART 1 OR PART 2)
VISION OF OPHYSICIA Ophysicials certifis certifis of the buriol-the certification of the cert	MEDICAL		21e PLACE OF INJURY (AT HOME, STREET, PACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET	COUNTY & STATE
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2 I T		sow the deceased alive on	otterand the deceased from	r and from the couses stated
DR her		22b. SIGNALIFI	DEGREE	22c. DATE SIGNED
by the ERAL Store		22d. PHYSICIAN'S NAME (TYPE OR PRIN	PHYSICIAN DIRECTOR PHYSICIAN	10/7/80
TO HOSPITAL of retoined by the TO FUNERAL Is should be detoined with the Store IMPORTANT: If		Seymour Weiner		['] 21136
0 g S S S M M	23a.		111 Chestnut Hill Lane, Reist 123. NAME OF CEMETERY OR CREMATORY 123. NAME OF CEMETERY OR CREMATORY 124. LOCATION CITY OR TOWN CITY OR TO	COUNTY STATE
779 BP	L	BURIAL I	10-8-8 CEVAR HILL COMETELY GLEN BURNLE,	MARYLAND
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	INERAL DIRECTOR	VET ADDRESS LIBERTIANT 8 1980	Jane Jane
		any UI	VEI HOUVEIGEITAILLY 1000	

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FOR '	DEPARTMENT O	F HEALTH AND MENTAL H	YGIENE	0 2 1 2
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Marshall	E.	Blackwell	DEATH MATED [19
3. SEX 4 RACE 5. DATE MONTH		YEARS IF UNDER 1 YR. IF UNDER	MIN PRONOUNCED	MONTH DAY YEAR 7
Male Black 7	23 1928 52		DEAD	10 / 1980
70. BIRTHPLACE (STATE OR 7b. CIT)	IZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	ED 📙	OR COUNTY OF DEATH
10. CITY OR TOWN OF DEATH	ME OF HOSPITAL, NURSING HO	WIDOWED DIVORCI	Baltim	nore City,
(IFN	NOT IN SUCH FACILITY, GIVE STREET ADDRESS	5)	DIS ABIED	OR INDUSTRY
Baltimore Vet	erans Administr			
139 STATE (/ PA)	130-ENTY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	ennie Stee
14 FATHER'S NAME		15. MOTHER'S MAIDE	N NAME	COUNT OTHE
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160. WAS DECEASED EVER IN U.S. ARMED FOR	RCES? 166. SOCIAL SECUR	ITY NO. 17. INFORMANT	ADDRES	is
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AB. CAUSE OF DEATH (Enter only one co	ouse per line far (a), (b), and (c).)			APPROXIMATE IN BETWEEN ONSET A
PART I DEATH WAS CAUSED BY:	Arterioscler	otic Cardiovascu	lar Disease	
	DUE TO, OR AS A CONSEQUENC			
Canditions, if any, which gave rise to immediate	(b).			
	DUE TO, OR AS A CONSEQUENC	E OF		
	(c)			
PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TR	RMINAL DISEASE OR CONDITION GIVEN IN PAI	RT 1 (a).	
190, DATE OF OPERATION	19b. CONDITION FOR WHICH OP	EDATION WAS DEDECORATED?		20 ALITORSV2
A IM. DATE OF OFERALION	178. CONDITION FOR WHICH OF	ERATION WAS PERFORMED!		Head Or
210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 1	
	HOUR A.M. MONTH DAY YE			
21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY (ATHOME.	211. LOCATION		
WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
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22a. I certify that I took charge of the		Autapsy X, Inspection	Undetermined manner	and in my apinian
death resulted fram: Natural cause	Accident L.,	TITLE (SPECIFY)	Orlaeterminea manner	,
SIGNATURE ONOMIA Z	Dolar	Assistant	MEDICAL EXAMINER	DATE 10/8/80
			MEDICALEXAMINER	SIGNED
EXAMINER'S NAME Virginia	L. Dolan, M.D.	ADDRESS	111 Penn	Street
230. BURIAL, CREMATION, REMOVAL	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COMPTINA OI / / ASTATU
DURIHL 1011	0/80 M+C	ALUARIK emeter	BATTIMORE	11/AKY/AN
24. FUNERAL DIRECTOR	/ ADDRESS _	250. DATE	REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
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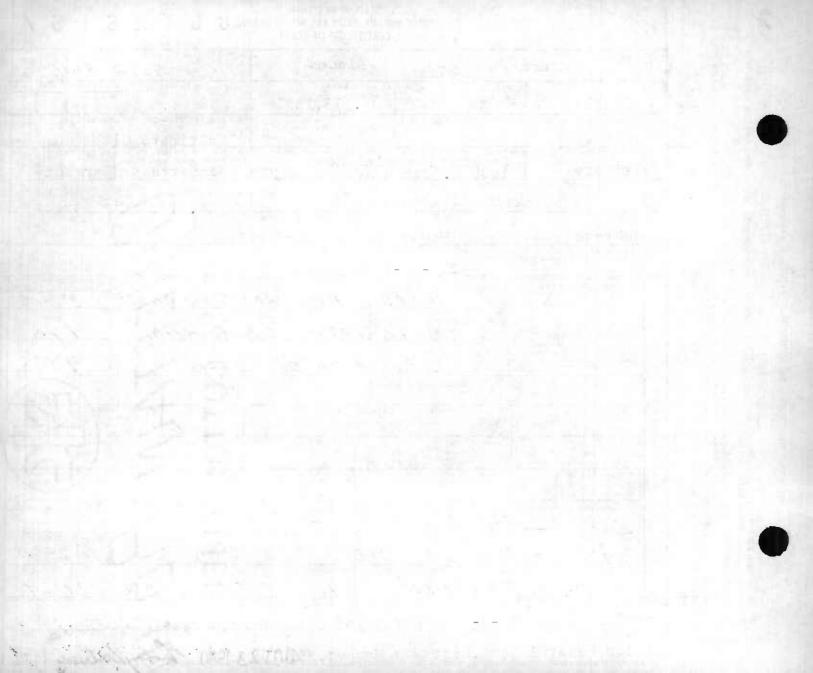
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion

retained by the haspital or attending physician.

DHMH - 16 50M 1/76

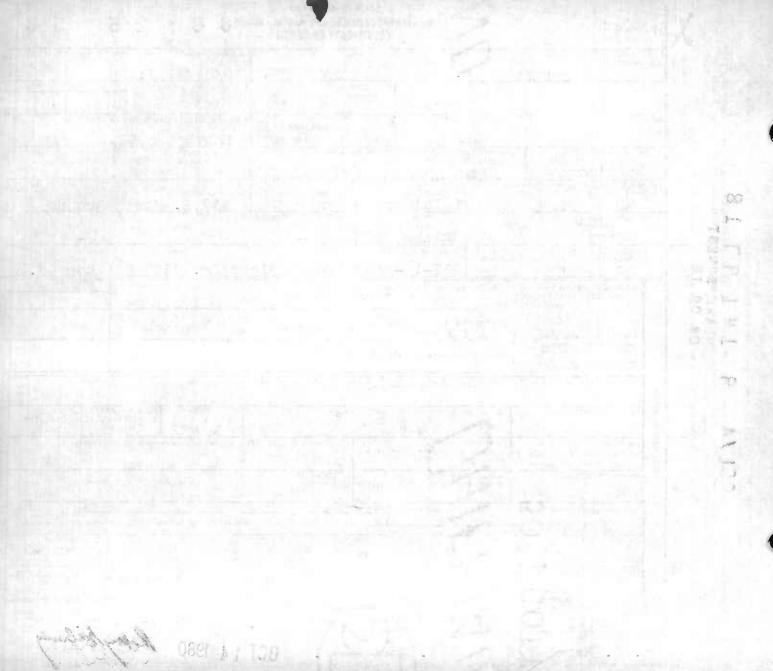
(VR A 15 (4))

1	,	FOR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 0 2 5	1 5 7
	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1		CEASED NAME FIRST Clara	Regina	Blades	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR 80 (4.18)
MΙ	D. SE	(:	4 RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
1	3	Female	White	Aug. 13, 1892	88 YRS	NTHS OAYS HOURS MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
SI		ryland	USA	WIDOWED DIVORCED	Baltimore Ci	ty M
b		TY OR TOWN OF DEATH	Jenkins Nem	or of the control of	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Seamstress	126 KIND OF BUSINESS OF INDUSTRY Garment
	USUA		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		Garmone
	MI		hester Secret	ary 13d INSIDE CITY LIMITS?	MD Rt 14 Mai	n Street
1	14 FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
		Ambrose	Mayer	s Mary E	11en	LAST
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECL		ADDRESS	
	()	ES, NO OR UNKNOWN) (IF YES, GIVE	214-07	-9228		
1		18 CAUSE OF DEATH (Enter on	ily one couse per line for (a), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		PART I. DEATH WAS CAUSEI	D BY: FE CAUSE (0)	RDIO- RESPIRI	TORY FAILURE	2 1+RS
ı		1539	DUE TO, OR AS A CONSEQU	ENCE OF		
ı		Conditions, if ony, which	(b) ME7	ASTATIC C	ARCINOMA	1YR
		gove rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEQU	ENCE OF RCINOMA OF	COLON	4485
	z	PART 2 OTHER SIGNIFICANT C			AINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
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ı	IFIC				YES NOW YES	NG CAUSES OF DEATH?
1	ERI	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	
I		OR CONTRIBUTING CAUSE OF DEA	1	AY YEAR		
ı	MEDICAL	216 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ľ			tol) attended the deceased fram_	71/- 11 1974	10 OCT 2 19	80, that HT (we) la
١		sow the deceased alive on.	OCT- 2 19	50, and that in (my) (our) opinion	death occurred on the date and hour o	nd from the couses stated
ı		obove, (h (we) (did) (did not) 22b. SIGNATURE	view the body offer deoth.	DEGREE		22c. DATE SIGNED
ı		Arthur F.	Hartman)	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-2-80
1		22d. HYSICIAN'S NAME (TYPE OF	R PRINT)	22e. ADDRESS		, ,
١		JOHN F.	HARTMAN	1000 5	CATON AVE.	21229
1	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	4007
	B	urial		rLadyofGoodCoun		orch. MD
	24 FL	INERAL DIRECTOR		- 25o. DA	TE REC'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
	Ze	ller Funeral	Home East New	w Market MD	1000 A	for Paris
				TAGE ACCUPATION	6.9:1361	The state of the s



DEPARTMENT OF HEALTH AND MENTAL HYGIENE S - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2a DATE OF DEATH FIRST MONTH 7b. HOUR (TYPE OR PRINT) E. SR. ERNEST 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Male Negro 8 18 62 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD USA WIDOWED DIVORCED BALTIMORE IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17g. USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore JOHNS HOPKINS HOSPITAL DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. STATE 136 COUNTY 113c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? . . 417 E. North Avenue MD Baltimore YES X NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Blake Henry 50 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 8-212-12-6668 Ernest Blake Jr. 4307 Clifton Rd No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (m) 000 mg APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Moort IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 1 sutantod Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 0 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO D YES V NO YES [216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (# EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 diked or 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK (0) 185 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 77r. DATE SIGNED ATTENDING MEDICAL STAFF ould be deto ith the Stote (MI 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS 730 BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 23d, LOCATION Burial COUNTY 10/14/80 King Memorial Pk Baltimore MD D. BY REGISTRAR 756. 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 1101 E. North Ave. March F/H (VRA 15 (4))

STATE OF MA TAND



FOR

REGISTRAR

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R CERTIFICATE OF DEATH REG. NO MONTH 2b. HOUR 10 13 80 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carrier (ral) Housewi 16 Mangion Road 1000 Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2/79 - 10/80 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE/SIGNED STATE akeview Mem. Pk. 25g. DATE REC'D. BY REGISTRAR 256 RI

DHMH-16 30M 2/80 (VRA 15, 4)

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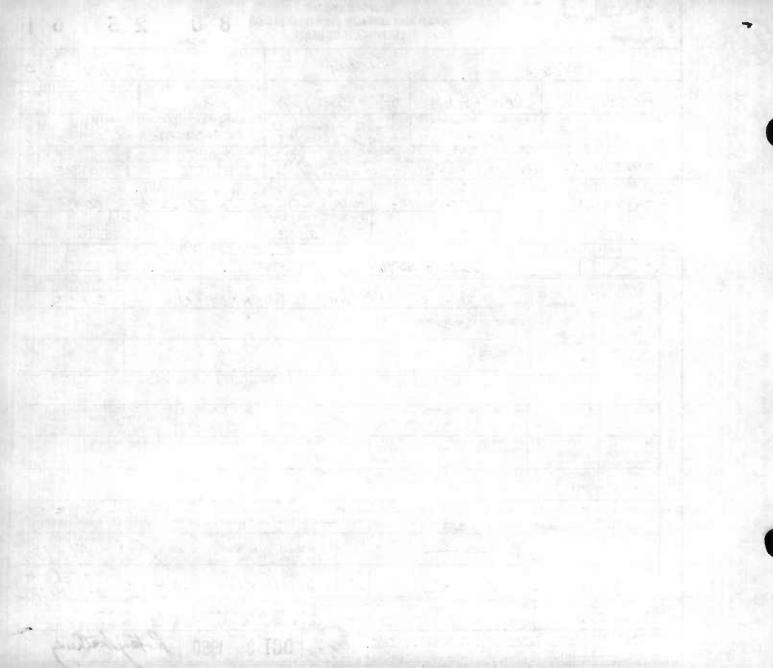
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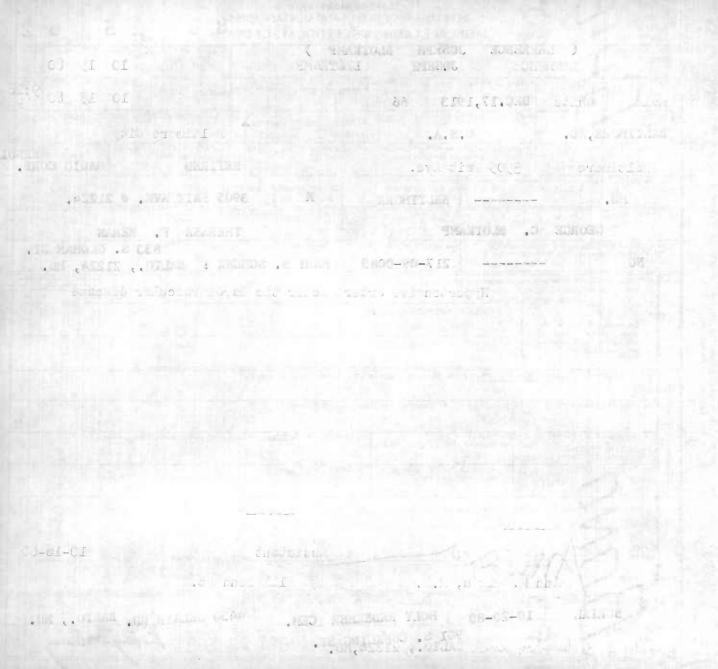
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		ECRASED NAME FIRST E OR PRINT) SYLV	/A H.	BLOOM	20. DATE OF DEATH	MONTH DAY YEAR 20 H	30 P
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ANT: If Item 21 is ma		saw the deceased alive on above. (If (we) (did) (did) (272). SIGNATURE	Triew the body ofter death.	DEGREE ATTENDING PHYSICIAN (death occurred on the di	ote and hour and from the causes	100
IMPORTANT		ESTRELIT	A O. Ky	LEVIN YAVE H	IFBREW GE	RIATRIE CENTER	E X
2.5	23a.	BURIAL, CREMATION, REMOVAL ISPECIFY BURIAL		BREW FRIENDSHIP	23d. LOCATION CITY OR TOWN	COUNTY RE MARYLAN	STATE
16 25M	24 F	UNERAL DIRECTOR SOL	LEVINSON & ABROS.	0/ 0/	REC'D. BY REGISTRAR	75L BENSTHAR'S SIGNAL TRE	4





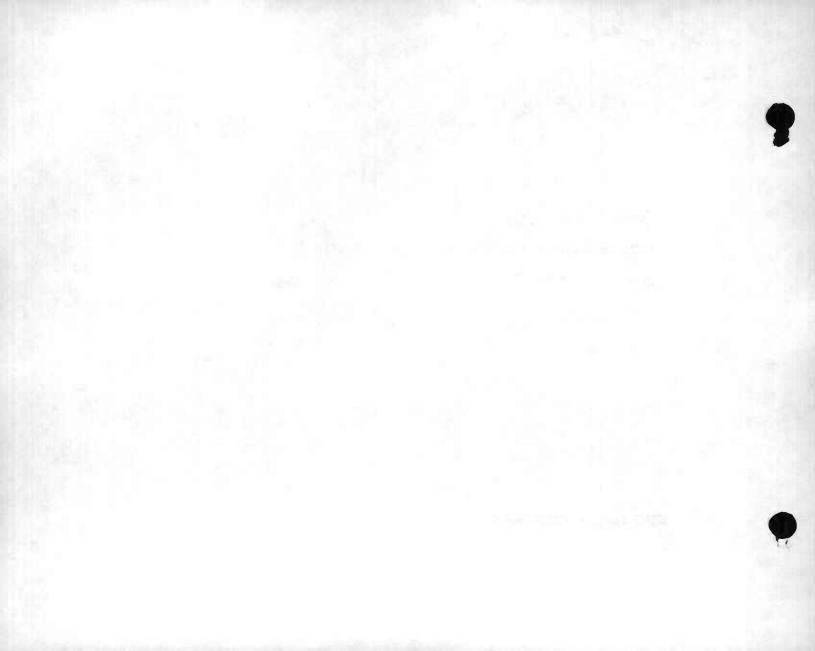
NAME: Alice E. Blucher

DATE OF DEATH: October 13, 1980

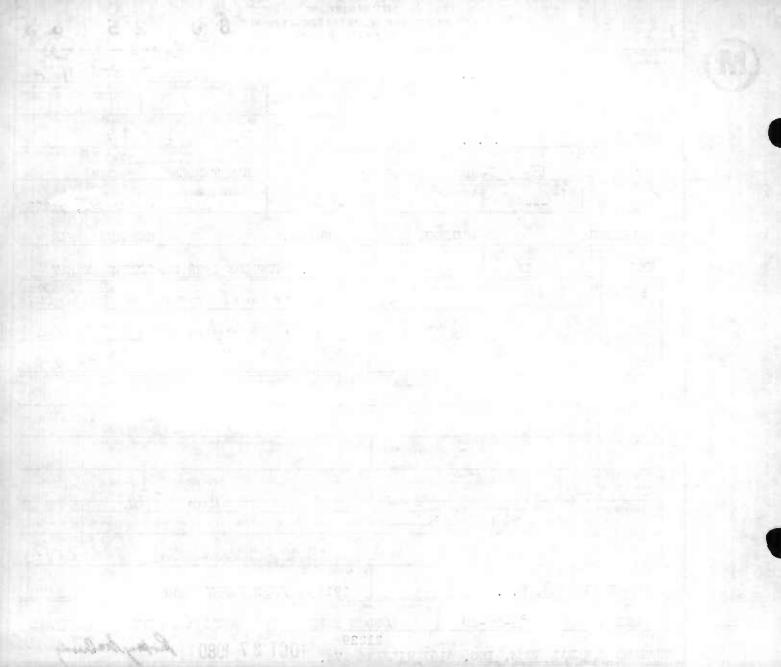
PLACE OF DEATH: Baltimore City SEE: #80-25159

Baltimore City

DHMH 2485 - Vit. Rec.



FOR



8

NAME: Lucille E. Bolner

DATE OF DEATH: October 5, 1980

PLACE OF DEATH: Baltimore City SEE: #80-25122

Baltimore City

DHMH 2485 - Vit. Rec.



Balto., Md.

FOR

REGISTRAR

- STATE

(VRA 15, 4)

Anatomy Board

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

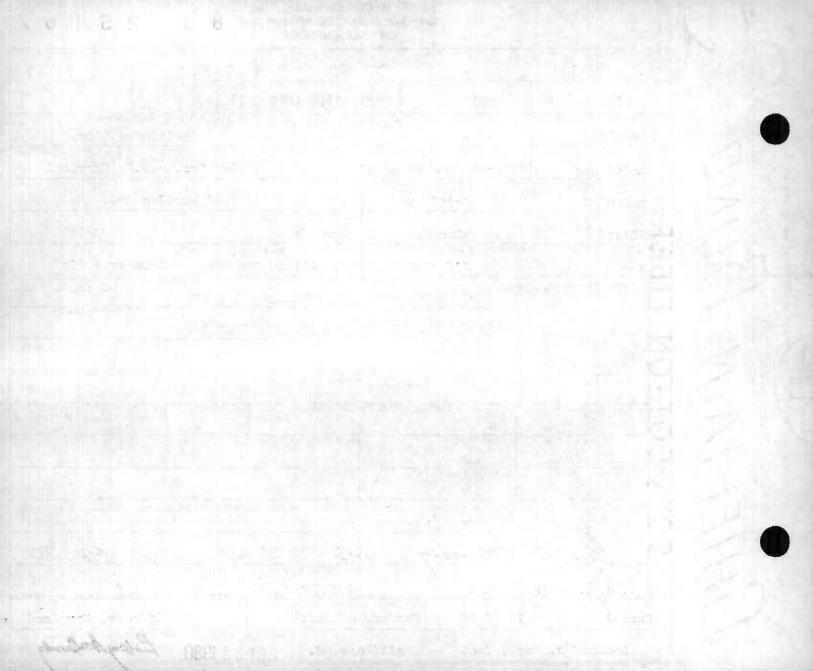
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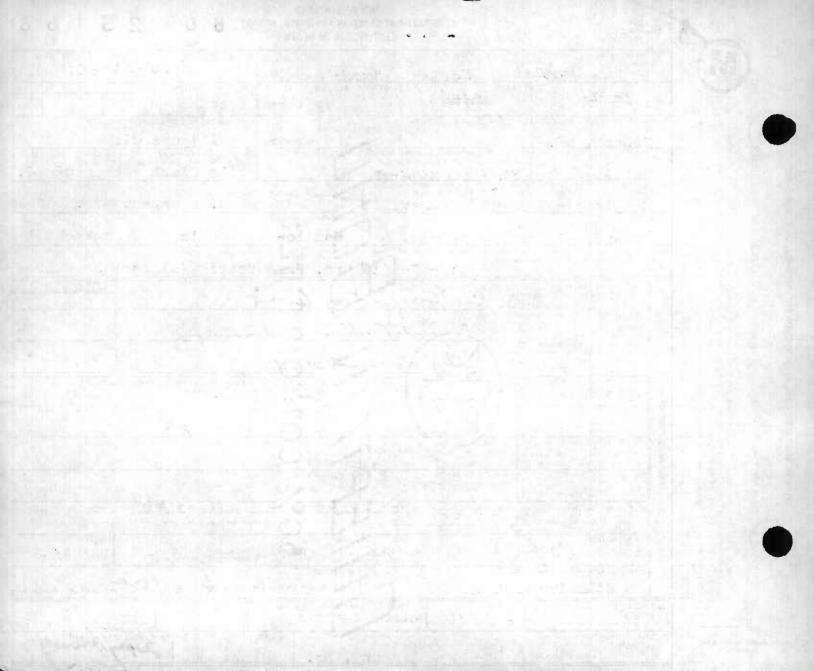
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(VRA 15, 4)



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ID-CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION The JULIAL OCCUPATION THE WORK STORE ADDRESS THE WORK S	BS			TISA			Reltimor	o City		
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166 WAS DECEASED EVER IN U.S. ARMED FORCES: 168 SOCIAL SECURITY NO. 17 INFORMANT U.S. Public Health Service Hose (YE. N. OR WAR OF DATES) 168 SOCIAL SECURITY NO. 217 0.9 0.596 RECORDS-31.00 Wyman Park DriveBalto. Wo	ie (•	MIDDLE		LAST	
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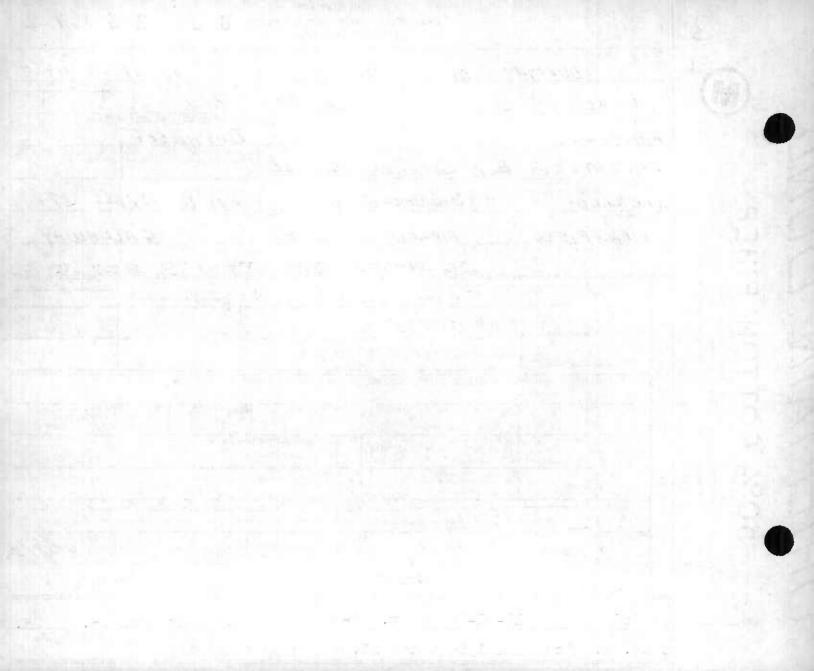
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	1.	FOR STATE REGISTRAR	DEPA	RETMENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	REG. NO.	251/0
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death. Pouneral dir		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	ltimore aty MD.
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in 24 hav	130.	md 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BE INTY 13c. CITY OR TO Balti	more 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 2706 Louisel	hu. Beft.
makyt.		THER'S NAME FIRST James	H. Bou		MIDDLE	Dawkins
be execu		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SI GIVE WAR OR DATES) 213-20	2-7543 Good Sunary	ey Reifsrelder	Rd., Balt. 21230
or physicis on papers emaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	anly ane cause per tine far (a), (b) SED BY: ATE CAUSE (a)	andico - Respirator	y overt	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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W hat the		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	Cirteriol hypo	estensure	?
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DIVISION DING PHYS or ottendin After this c e os the bur olth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
TTENDIN ortal ar TOR: Af far use a of Health		saw the deceased alive a	pital) attended the deceased from		, ta, ta	and hour and from the causes stated
AL OR A the has AL DIREC etached te Dept.		22b. SIGNATURE	tono	DÉGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 10/7/80
O HOSPITAL etained by the TO FUNERAL should be det with the State	1	22d PHYSICIAN'S NAME (TYPE	EORPRINT) FRO-	22e ADDRESS	of Md Hay	pihl
Jaco HO	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) (remation	AL 23b. DATE 10/9/1980	Security Process,	CITY OR TOWN	Rd Balt Mastate
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Balt. ADDRE	125- D	ATE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE

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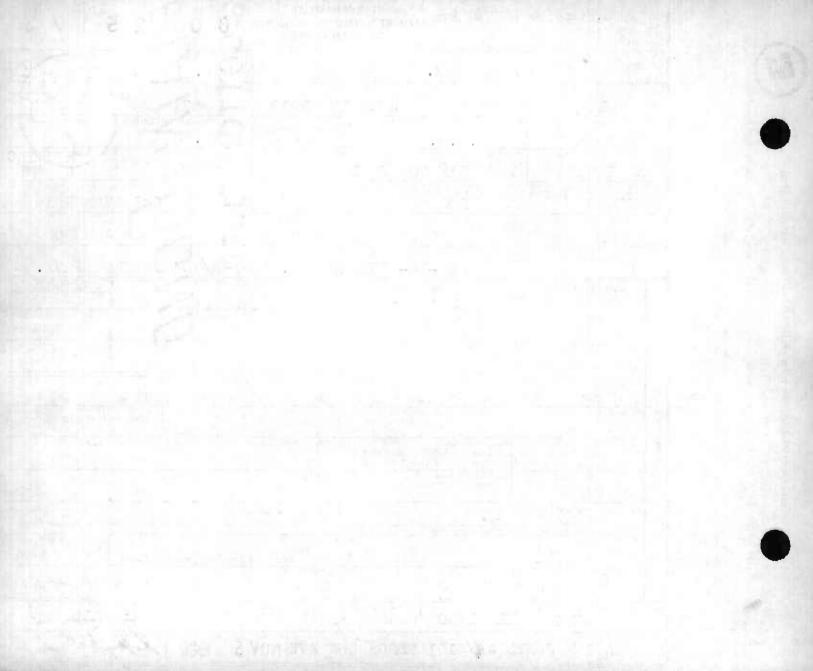
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poge 3		3. SE:	71 110	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 Y	
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by the	15 Tele		Reltimone	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		(TYPE OF WORK FOR MOST OF W		
0 = 0	t pe	USU.	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
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iTAL OR ATTENDING by the hospital or or ERAL DIRECTOR: After e detoched for use as state Dept. of Health	21 is marked		sow the deceased alive a above (1) (we) (did) (did n	n 10/3 ot) view the body after death.	19 80 , on	d that in (my) (our) opinion DEGREE ATTENDING		22c. D	the couses sto
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within within d 2 s	14. FA	THER'S NAME FIRST	MIDDLE	LAS	1	15. MOTHER'S MAIDEN	NAME	WIDDLE		LAST
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		gove rise to immedia couse (a), stating		O, OR AS A CONS	EQUENCE OF	0	10		4	
that the day the lease remain, creman ar other		underlying couse lo	<u>est.</u> (c)							
y, Y	_	PART 2. OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITIO	ON GIVEN IN PAR	T 1(o)
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The I The I cion. te has sit pe giene giene	RTIF						YES 🗌	NO	YES 🗌	NO 🗌
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S the state of the		AT WORK NOT WHILE			10	(2,	10/0		
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ATTE ospite Sepite CCTO d for f. of n 21		sow the deceased of obove, (1) (web/did) (did not) view the b	ody offer death.		id that in (my) (vor) o pini	on death occurre	ed on the date a		
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DHMH-16 30M 2/80		INERAL DIRECTOR		ADD	RESS		ATE REC'D. BY F		REGISTRAR'S SKE	HAT HE COME
(VRA 15, 4)	Ch	as. A. Ric	e FSPA	1300 E	utaw P.		10V 3	1980		/



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all the state of t	1.	STATE REGISTRAR		DEPARTME	CERTIFICATI	E OF DEATH		61.08	5	13
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or, po	3. SE		4. RACE		DATE OF BIRT	7°^ 19ïå	6. AGE (IN YEARS LAST BIR	_		HOURS MIN.
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with with	-	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HEACILITY, GIVE STREET AD RAN HOSP	HOME OR OTH	ER INSTITUTION	120 USUAL OCCUPAT	WORKING LIFE	12b. KIND OF	igging
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AND 2 n 24 hc filled i hould b	M	AL RESIDENCE (IF NURSING HOMEO STATE 131 COU ARYLAND	NTY	BALT IM	JRE YES.			MORE	AVENUE	16
MARYLA ed within ond 2 sho		THER'S NAME FIRST FRANK	MIDDLE	BOWLES		DTHER'S MAIDEN NAM BESSIE	∧E MIDDLE		JOHNS	ON
rimore, management of compositions on and compositions of comp	16a. V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	166 SOCIAL SECURI 216-10-0		SA M. BO	WLES/704		WORE A	VE.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physicion. Where the certificate has been signed by the ottending physicion and completely filled in by the outending physicion and completely filled in by as the buriol-transit permit. Then pieces remove corbonoppers. Pages 1 and 2 shauld be filled in and Mental Hygenese prior to buriol, cremoviol., ar removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI AMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	TE CAUSE (a) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUEN	CE OF	ELATED TO THE TERMI	PULMOLO dízeo NALDISEASE OR CON	DITION GIVE	N IN PART 1(a)	
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DIVISION OF DING PHYSICIA After this certifice of the buriel-icitis and Mental marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FAR		OCATION STREET	CITY OR TO	WN .	COUNTY	STATE
TEND rtal o TOR: A or use or use or use		22a.l certify that (1) This hosp saw the deceased alive or obave, (1) (we) (did) (did no	10/	2 R 19 &	ond that		eath occurred an the d	ate and hour		
AL OR / y the ho (AL DIRE detoched ofe Dept		226. SIGNATURE			DEGRE	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE SI	SS/80
TO HOSPITAL OR ATTERGENER BY THE HOSPITAL TO FUNERAL DIRECTO should be detoched of a with the Stote Despt. of the MADORTANT: If them 21		220. PHYSICIAN'S NAME (TYPE OF	OR PRINT)	INT	22e. A	LUTL	HERAN	He	SPI	TAL.
1605 _{BP}	23a. i	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	23b. DAJE 11/01			RY OR CREMATORY RNAL HOPE	FINKSBU	RG HA	FINO ED	N∰ ^{TE}
DHMH - 16 50M 1/76		UNERAL DIRECTOR RSHALL W JOI	NES JR/	4101 EDN	ONDSO	V AVE NOV	REC'D. BY REGISTRAR	251 DE 115 TR	AR'S SIGNATUR	RE



FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

3. SEX Male

130 STATE

7a. BIRTHPLACE ISTATE OR FOREIGN

IN CITY OR TOWN OF DEATH

Baltimore

[YES, NO OR UNKNOWN]

230. BURIAL, CREMATION, RÉMOVAL

(SPECIFY)

DHMH-16 20M

(VRA 15, 4) 7/7B

laryland

4 FATHER'S NAME Saunders

no

FIRST

arolina

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITU

160 WAS DECEASED EVER IN U.S. ARMED FORCE

18 CAUSE OF DEATH (Enter only one cause

Wallace

136 COUNTY

MIDDLE

(IF YES, GIVE WAR OR DATES

	DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	() REG. NO	2	5	7	4
	MIDDLE		AST	20. DATE OF		AONTH DA	YEAR	2b. HOUR	2
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Negro	0	S DATE C	DAY YEAR	6 AGE LINY	EARS LAST BIRTH		F UNDER I YEAR	IF UNDER 2	AJAS.
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OTHER INSTITUTION	Ball CIIIO		134 INSIDE CITY LIMITS?	1638	ADDRESS (Carol	ine S	tree	t
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MED FORCES? WAR OR DATES)	16 SOCIAL SECU		17 INFORMANT Wallace Bo	wman/	1358		newoo	d Av	e.
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DUE TO, O	R AS A CONSEQUE	NCE OF							
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196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, IN CERTIFY YES NO YES									
21b. TIME C HOUR A.		Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NA	TURE OF INJUR	Y IN ITEM 18, PA	RT I OR PART 2)		
21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STA	TE
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DORNUSAN

23d LOCATION

Arbutus

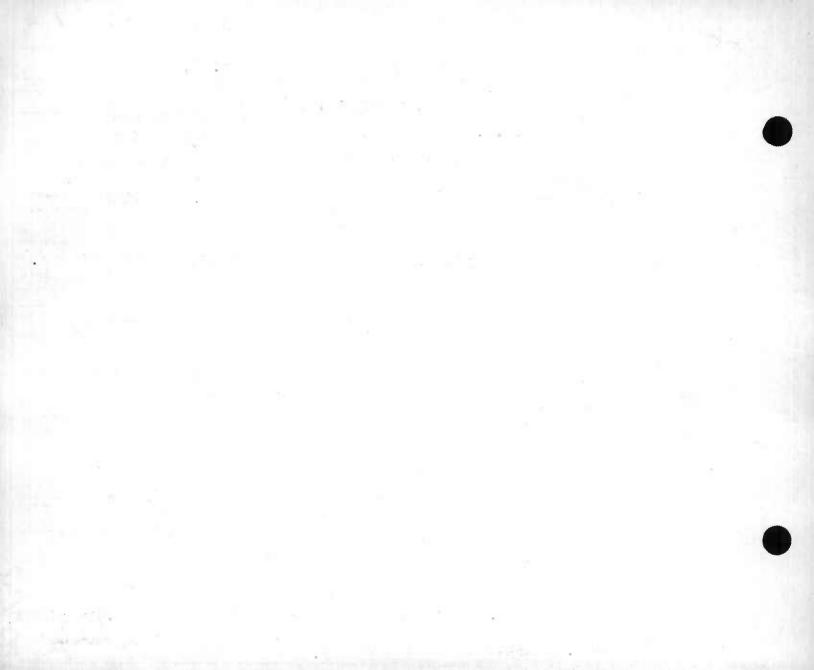
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Conditions, if any, which ıb gove rise to immediate (0), stoting DUE TO underlying couse PART 2 OTHER SIGNIFICANTICONDITION CERTIFICATION 190 DATE OF OPERATION 19h CO 71a. ACCIDENT WAS UNDERLYING 21b. TIM HOUR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLA (AT HOM NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) offende saw the deceased already and that in (my) (ear) opinion death occurred on the date and hour and from the couses stated 77% SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 17d. PHYSICIAN'S NAME (THE ORDEN) 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Entombment Arbutusmemoria 24 FUNERAL DIRECTOR ADDRESS 4101 Edmondson W. Jenes, Jr. Ave

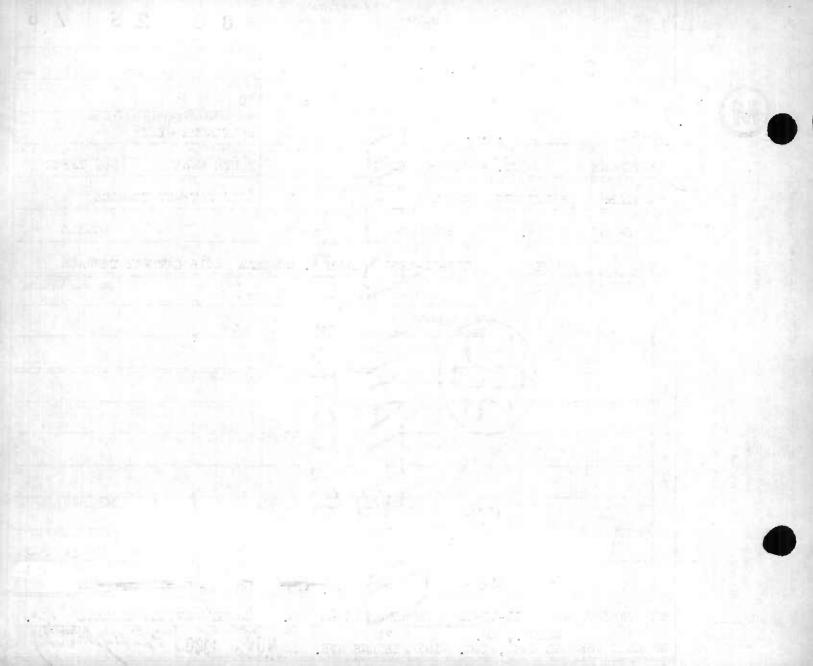
Oct.8,198

(Balto.) Mary Tand



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME (TYPE OR PRINT) Denise man 6. AGE (IN YEARS LAST BIRTHDA) 3. SEX 4 RACE MONTH YEAR 80 BALTIMORE CITY OR COUNTY OF BEATH 20. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED WEVER MARRIED U.S.A. DMOV WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 1140 Cooks Lane 136 CITY OR TOWN 36 INSIDE CITY LIMITS? Md. Baltimore YES IX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME medicol 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Malcohn Boykin, 1140 Cook Lane ----0--APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ST. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE QU HECK Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS. CERTIFICATION 9a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21s PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 1920 saw the deceosed alive on above, (I) (we) (did) (did nat) view the body ofter death. and that in (my) (our) opinion death occurred on the date and haur and fram the couses stated 226 AGNATURE DEGREE 22c. DATE/SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN | 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT 事事 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230, BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore, Maryland Burial 10/24/80 West View Mem. Pk. BP 2 1980 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 Law Funeral Home 4611 Park Heights Ave. (VR A 15 (4))

= o proper of take.



Thomas Funeral Home, Cambridge, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE A REG. NO 28 DATE OF DEATH MONTH 2h HOUR

A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore, Maryland 12h, KIND OF BUSINESS OR STOPE MET. Country Village SollaWay Mrs. Grace C. Bradley, Cambridge, Md., APPROXIMATE INTERVAL 5 min 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE and that in (my) (our) apinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED

HOSPITAL

Dorchester Mem. Park, Cambridge, Dor., Md. State Oct. 16, 1980 Burial 250. DATE REC'D. BY REGISTRAR 256 A GISTRAR'S GN JURE 24. FUNERAL DIRECTOR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DHMH-16 30M 2/80 (VRA 15, 4)

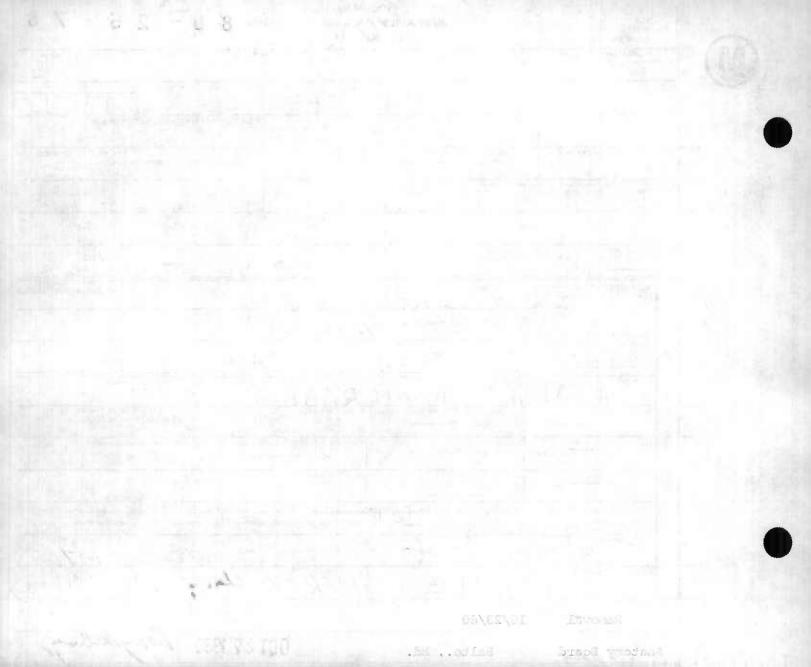
- STATE

REGISTRAR

DECEASED NAME

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7	1	STATE REGISTRAR		DEP		HEALTH AND MENTAL HY FICATE OF DEATH		EG. NO.	5 1	10
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72 hours		IRTHPLACE ISTATE OR I	oreign 76	CITIZEN OF WHAT COUN	TRY? 8 MARRIE	ED NEVER MARRIED	Baltimore C	mene	OF DEATH	/ ^
led within	10 C	altimer		NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES OUT 16 B9/1/ms	IRSING HOME		12a USUAL OCC			PF BUSINESS C
aid be file	13e.	AL RESIDENCE (IF NUR	SING HOMPOROT	HER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION		13. STREET ADDI		c St	Bolto
nd 2 should be s		ATHER'S NAME FIRST	MD		115	15. MOTHER'S MAIDEN N	AME	DOLE R	Bran	
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for use at of Hea		saw the decease	ed alive of	attended the deceased from		nd that in (my) (our) apinio	n death accurred an	the date and have	or and from the	
State Dep		17h SIGNATURE	th	MIC	6	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	22c. DATE	16.
should be a with the St		22d PHYSICIAN SI	A THE ORPI	NIDE	ES	MERCY	1405	PITH	12.13	ilto
- to 3 €		BURIAL, CREMATION SPECIFY) Remov	102	10/23/80	73c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOW	N N	COUNTY	STATE
MH-16 25M 15, 4) 1/79		UNERAL DIRECTOR Anatomy Bo	ard	Balto.,	Md.	""0"	37 27 1981	RAR 251 SEGIS	PAR'S MELES	URE



John C. Miller Inc. 6415 Belair Rd

(VRA 15, 4)

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IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, or other troumatic event, the medical examiner must be hatified at any

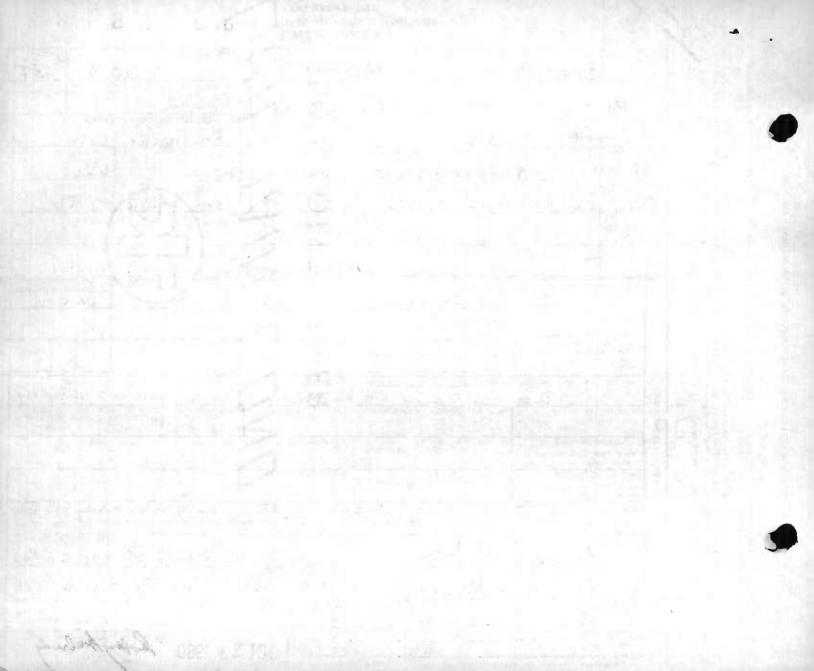
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55	E	Balto., Md.		.S.A.	WIDOWE	D DNORCED	Barcingi	EVIL.	Y	MD.
37	B	ALTIMORE	(IF NOT IN SUC	HEACILITY, GIVE STREET Mercy He	ADDRESS)	ROTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Housewi	OF WORKING LIFE)		BUSINESS OR OME
	USU,	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION	136 CITY OR TOW	ADMISSION)	136. INSIDE CITY LIMITS?	13e STPFET ADDRES			
32	1	1	A . A .	Pasa		YES [NO X	293 Co	ve Roa	ad	
	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	LAKE HER CA. T. A.	LAST	
26)	Pau1	· · · · · · · · · · · · · · · · · · ·	Poul	sen	Kathe				known
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0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		F INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR				140
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P./		19	21f. LOCATION				
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		SURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	24. FU	Burial UNERAL DIRECTOR ASSEMBLY STANDARD FOR FREE BURIANT	uneral		Gle	ridge Mem.I n Burnie () (*) 21061		R 256. RESIGTE	AR'S SIGNATU	Md.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

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	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2)	
- 4	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REGISTRAR REG. NO.	104
7		CEASED NAME FIRST MILTON MIDDLE LAST BRAUNSTEIN 20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
noy be		BRAUNSTEIN MILTON 10 20	- CC / M
tor, p	3. SE		UNDER 1 YEAR IF UNDER 24 HRS
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The state of the s		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
		BALTIMORE BINAI HOSPITAL OF BALTIMORE INC. PROTECTION PRODUC	EKANAK WHOLESALE
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftending physician and completely filled in by as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fill hand Mental Hygiene prior to burial, cremotion, or removal. The plant of the medical examinet must be not shown and the medical examinet must be not them.	113B	AL RESIDENCE IN HUSING HOMSOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATIMARY LAND 131 COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? RXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UTU PD
orthun orthun 2 sho		ATHER'S NAME IS MOTHER'S MAIDEN NAME	NIN ICD
MAR comple	-	XXXXX SAMUEL BRAUNSTEIN CXXXXXX REBECCA	UNKNOWN
MORE,	(WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MRS. FAY BRAUNSTEIN 212-30-74090 CADAGES TO 1. ARVE IN THE RD	
LTIM	L	The restriction of the restricti	#21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ificate physic npape mavol.		PART I. DEATH (Enter only one cause per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) INFERIOR WALL MI	UNK .
ON ST ding orbon or re-		410 - MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	0.00
deot deot otten		Conditions, if ony, which (tb)	
W. PR tot the by the se rem c cremo		gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
301 W	16	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	
RDS, 3 equires n signe Then p r to bur injury,	Z	- DISECTING THORACIC ADRIFE ANEURYSM, CVA'S (Multiple	- / / / / . ` ` \
Bow re low re remit. I prior	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, Y	WERE FINDINGS USED NG CAUSES OF DEATH?
ITAL RI Sicion. The los sicion. The los sicion.	RTIF	YES NO YES	NO
SION OF VITA PHYSICIAN: TI PHYSICIAN: TI PHYSICIAN And Mental Hygis d or Item 18 sh		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	J 1 OR PART 2)
HYSICIA ding pi ding pi ding pi ding certif buriol-ti Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P. M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21l LOCATION	
OIVISI Offer th offer th ost the h and orked o	×	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
TENDIF ital or OR: Ai or use f Healt		270 certify that (I) this hospital attended the deceased from 0-20, 19 to 10-20, 19	that (I) we last
	1	sow the daceased alive on 10-20 19 60, and that in (my) our opinion death occurred on the date and hour of above, (I(we) (didi) (did not) view the bady after death. 278. SIGNATURE DEGREE	22c DATE SIGNED
the hosp the hosp to DIREC etached for the Dept.		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	10-20-50
HOSPITA ined by FUNERA Wild be d wild be d of the Sro		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
TO HOSPITAL (retained by the TO FUNERAL should be deto with the State [MADORTANT, If		MICHAEL MEIVOR SINAI HOSPITAL OF BAU	TIMORE, INC
1103	23a. (BURIAL CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL OCT. 22, 1980 AITZ CHATM BALTIMORE	OUNTY MARY LANDE
40 55 DHMH-16 60M 1/73	24. F	BURIAL OCT.22,1980 AITZ CHAIM BALTIMORE UNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 251	PER SINNAME
(VR A 15 (4))		6010 REISTERSTOWN RD. BALTO., MD 21215 OCT 23 1980	y Metrody



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DATE KNOWN DECEASED NAME ESTI-(TYPE OR PRINT) Alberta DEATH MATED Estelle. 22 19 80 Breedon 4 RACE DATE LAST BIRTHDAY) MONTHS PRONOLINCED 22 , 80 69RS DEAD female. 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia DIVORCED Baltimore City IL CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (garage) Union Memorial Hospital Baltimore oth St. 21225 13a STATE 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME McDonnaugh Maurice Holland Farlun Bartholomee 1000 Woodsdale 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO J 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION AT WORK AT WHILE STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY Inspection XX 220. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner death resulted from: Natural causes Ly TITLE (SPECIFY) 10-22-80 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St. Virginia L. Dolan, M.D. TYPE OR PRINT 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b Glen Haven Mem. **DHMH-17** ully F.H. Mountain & Tick Neck Rds. 2 (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND
CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 5 1 8 4
and Noble Broadway 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 10-25-80 1:18 PM
4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 75 CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF DEATH
U. S.A. WIDOWED DIVORCED BALTIMORE CITY MD.
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (LEMOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST AGNES HOSPITAL 120. USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (NCL) TERM HARYAND R.R.
SUNTY 134 PESIDENCE BEFORE ADMISSION 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 136. STREET ADDRESS 4521 OLD COURT RD
BROADWAY SUSAN MIDDLE BIDDLE LAST
ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS GIVE WAR OR DATES! 705-10-7389 NiWA M. BROKDWAY SAME 21208
r only one couse per line for (o), (b), and (c).) USED BY: DIATE CAUSE (a) MYO CARDIAL IN FARCTION APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 claups
DUE TO, OR AS A CONSEQUENCE OF
DUE TO, OR AS A CONSEQUENCE OF
NT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
aspital) attended the deceased from 10, 23, 19, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10
Komos Chopus MBBS ATTENDING MEDICAL STAFF 10/25/80
CHOPRA 900 CATON AVE. BALTIMORE MD. 2128
VAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN BALTO. CO. STATE D.
4. 1100 RESTERS TO UN RD OCT 29 1980 RESTRARS SIGNATURE

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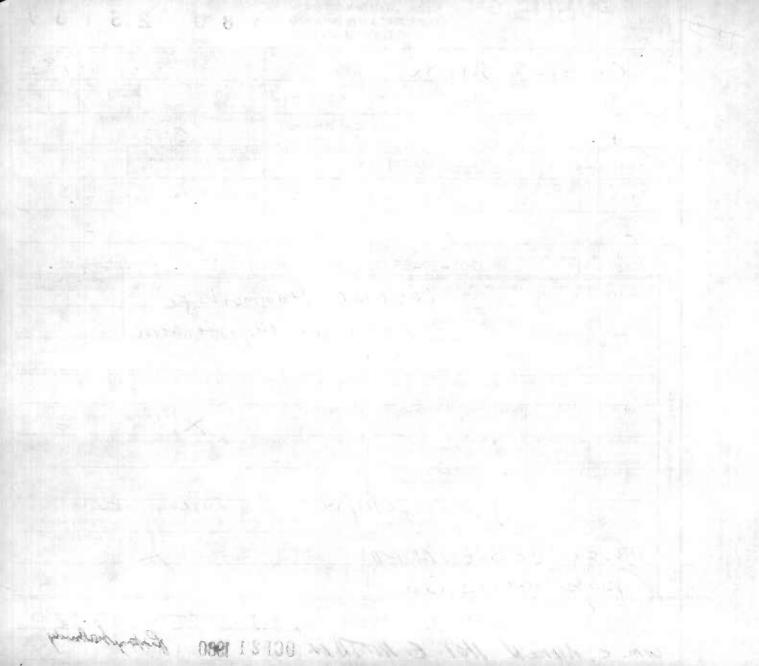
FOR STATE REGISTRAR	DEP	PARTMENT OF HEALTH AND MI CERTIFICATE OF DE	ENTAL HYGIENE 8	0 2	5 8 /
1. DECEASED NAME	FIRST MIDDLE	LAST	2a. DATE OF	REG. NO.	DAY YEAR 26. HOUR
(TYPE OR PRINT)	AN, BABY BOY	Brown		10 1	80
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE)	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
M	XX N	^Э ^{тн} 29	*80	YRS.	MONTHS DAYS HOURS M
M BIRTHPLACE (STATE OR FO COUNTRY) Maryland	USA	MARRIED LI NEVER MA	ARRIED 1	IMORE CI	
BALT I MORI	I IF NOT IN SUCH FACILITY, GIVE			CCUPATION FOR MOST OF WORKING LIF	126. KIND OF BUSINESS (INDUSTRY
USUAL RESIDENCE (IF NURSIN 130. STATE Naryland	IG HOME OR OTHER INSTITUTION, GIVE RESIDENCE 13 COUNTY 1	TOWN 13d. INSIDE CIT		DDRESS Key Ave.	21225
Arnold	MIDDLE Brown		MAIDEN NAME RST LPB	MIDDLE	Price
(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? 16b. SOCIAL (IFYES, GIVE WAR OR DATES)	SECURITY NO. 17. INFORMAN	Brown, 307	ADDRESS Key Ave 21	1225
PART 2 OTHER SIGNI PART 2 OTHER SIGNI PART 2 OTHER SIGNI 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER	FICANT CONDITIONS CONTRIBUTING			PSY? 206. IF YES	VEN IN PART 1(0) S, WERE FINDINGS USED PYING CAUSES OF DEATH?
OR CONTRIBUTING CA	USE OF DEATH HOUR A.M. MONTH			NO YE	PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	D 21e. PLACE OF INJURY	211 LOCATION	1	CITY OR TOWN	COUNTY STATE
22a l certify that (I) (t sow the deceased	this hospital) attended the deceased folive on	, ond that in (my) (o	DUP) opinion deoth occurred TENDING MEDICAL TYSICIAN DIRECTOR	on the date and hou	19, that (I) (we) I or and from the couses stated 22c. DATE SIGNED 10/4-/80
		900 0	CATON AVE B	-	MD 21229
23a. BURIAL, CREMATION, RI	EMOVAL 236 DATE	23c. NAME OF CEMETERY OR CR	REMATORY 23d. LOCAT		COMMITTER
(SPECIFY) Burial 74 FUNERAL DIRECTOR	10-30-80	NEW CATHEDRAL	CEMETERY	4300 OLD 1	FREDERICK RD' LLO MI 21229

VIII EXPUITING Care of Italy

DHMH - 16 50M 7/77 (VR A 15 (4))

					STAT	OF MARYLAND				
	,	FOR		DEPARTM	ENT OF H	EALTH AND MENTAL HYG	IENE R IT	(1)	E 15	0 0
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	90	CAL	22	4.	5	ROWN	/	0 7	80	11.001 M
	3. SE	X	4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF (INDER I YEAR	IF UNDER 24 HRS
H		NAIE	Bo	DN 10	MONTH	DAY YEAR	70	MON	THS DAYS	HOURS MIN.
		MALL	02-1	100	7	14 02	18	YRS.		
,		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
10		ALA.	T	JSA	WIDOWE		Bal	Timos	e 1.	LT MD
	10 C	ITY OR TOWN OF DEATH				R OTHER INSTITUTION	12a USUAL OCCUPATION	ON	111 KIND O	AUSINESS OR
31	-			ch Facility, give street a		K OTTIEK II STITOTION	(TYPE OF WORK FOR MOST OF		INDUSTRY	Gast VESS ON
1/]	Baltimore	Monte	ebello H	osp.					
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	I4 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		EAST	
10		Joe		Brown		Corena			Bryan	t
1	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMANT	ADDRE		-	
/	(1	(IF YES,	GIVE WAR OR DATES	240-05-	79627	Geraldine	Brown 827	7 N. G	ilmor	e St.
		No		240-03-	70021	Gerardine	DIO(III 023	-1.		
		18 CAUSE OF DEATH (Enter		r line for (a), (a), and	(C)	. 0			BETWEEN	NATE INTERVAL
		PART I. DEATH WAS CAU		Rui	2. (and Care	diac a	rest		WEST I'M
		IWWEL	HATE CAUSE (a)	1001	,		A SHEET OF			
		2030	DUE TO, O	R AS A CONSEQUE	NCE OF					
	- 7	Conditions, if ony, which	(b)_	Y. L.						
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77		underlying couse lost	100210,0	HAS ACTIVED OF	11.11	al case of	multi	ou my	como	
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	z	PART 2. OTHER SIGNIFICAN	II CONDITIONS CO	ON TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART 1(o	
	CERTIFICATION	E-121 10 5 - 1 - 1 - 1 - 1 - 1				Table - Conner				
0	CA	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, W		
1	E		7.				YES T NOT	IN CERTIFYIN		NO T
-	ERI	210. ACCIDENT WAS UNDERLYING	21b. TIME C	AE INTITION		21c. HOW INJURY OCCURR				110 []
7	_	OR CONTRIBUTING CAUSE OF	110110 4	M. MONTH DA	Y YEAR	THE TOWN INJOKY OCCORR	CED (ENIER NATURE OF INJUR	TINTIEM 18, PART	OR PART 2	
	CAI	(IF EITHER, NOTIFY MEDICAL EXAMIN		Μ.	19	18 1 1 L 19 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L				
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	×	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, FA	RM, ETC.}	STREET	CITY OR TOW	14	COUNTY	STATE
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		220.1 certify that (I) (this ha		7180 H		11 / XV , 19	, to	, 19.		hot (I) (we) last
		saw the deceased alive above, (I) (we) (did) (did	011		, on	d that in (my) (our) opinion o	death accurred on the da	te and hour or	nd from the o	ouses stated
		22b. SIGNATURE	1 .	Oner deom.	. [DEGREE		1000	22c DATE	IGNED
		Maren	1 16 h	and 1	ND.	ATTENDING	MEDICAL _ STAF		10	17/80
		WV 1 3 CCC	0 000	1		PHYSICIAN Z	DIRECTOR PHYSIC	IAN	10/	1,00
1	-	22d. PHYSICIAN'S NAME (TY	PE OR PRINT		1	229 ADDRESS	11	PI	. 1-	Da Bal
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9	22	NUDIAL COEMATION OF THE	(4) 1001 0 170	122	ALUE OF 5	THE TERM OF COST	1224 1000471011		100	المال
	230. E	BURIAL, CREMATION, REMOV			AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COL	YTAL	STATE
		Burial	10/1:	1/80 We	stvi	ew Memorial	Pk. Bal	timore	Co	MD
	24. FL	UNERAL DIRECTOR				250 DATE	REC'D. BY REGISTRAR			RE MD
	W	m. C. March	F/H 1	101 AD ESS 1	North	Ave. OCT	0 1000	Pak	hall	andre.
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San Department of the San	W. Of Street Aug.			
		- W. T.		
		Manager 1863		



MIDOLE

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE, CITY 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR INDUSTRY 1945-31 ST STREET, 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 3900 LOCH RAVEN BLVD, BALTO. MD 21218 19_80___, that 05 (we) last ., and that in 📆 (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DHMH-16 30M 2/80 (VRA 15, 4)

- STATE REGISTRAR

(TYPE OR PRINT)

1. DECEASED NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

28-

80 IF UNDER I YEAR 2b. HOUR

IF UNDER 24 HRS

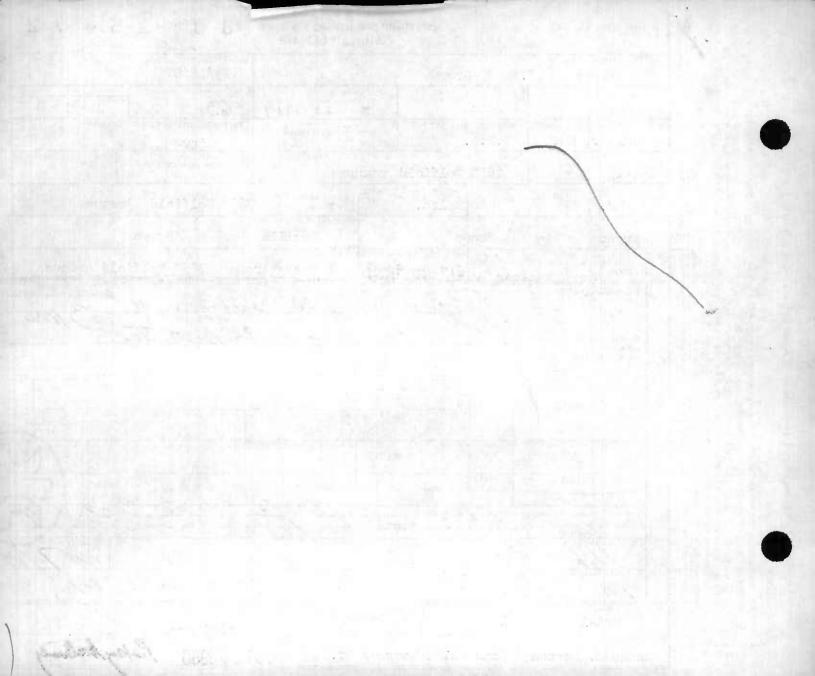
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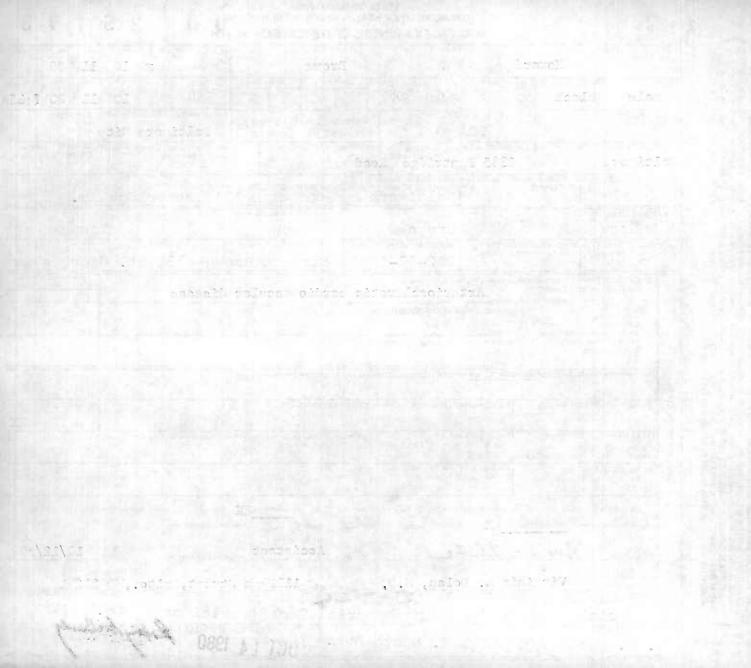
20. DATE OF DEATH

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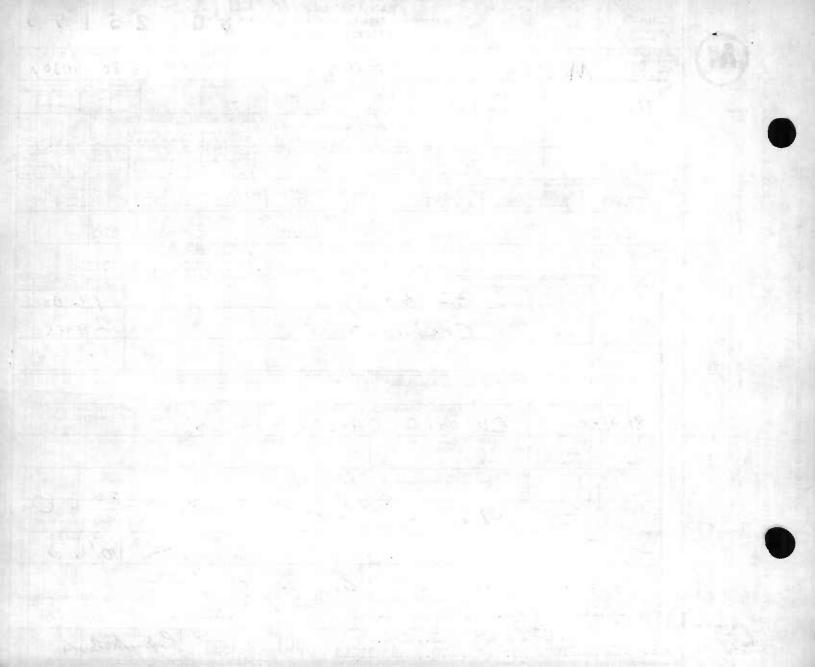
J. M	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		251	9 2
D		CEASED NAME FIRST	MIDDLE	ī	AST	REG. NO. 20 DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR
100		Elmer S	Brown			10/16/80		
rs of rs	3. SE)	Male	4 RACE Black	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS YRS	HOURS MIN
n 72 hou tonce.	79. BII	RITHPLACE (STATE OR FOREIGN DUNTRY) Balto., Md.	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIE	NEVER MARRIED	BALTIMOPE CITY OF CO		
O Officed o	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 3653 Dolfiel	ING HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		OF BUSINESS C
must be	JUSU/	AL RESIDENCE (IF NURSING HOME O TATE 136 COU			13d INSIDECITY LIMITS?	3653 Dolfield	Avenue	
exominer	14. FA	THER'S NAME FIRST Eugene	MIDDLE Brown LAST	44.5	15 MOTHER'S MAIDEN N. Lucille	AME Brow	vn	ST
medicole		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC 217-05		17. INFORMANT Dorothy B	ADDRESS	lfield Ave	enue
njury, ar other traumatic e	NO	Conditions, if ony, which gove rise to immediate cause io), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	UENCE OF	Llung Win	The motests	N GIVEN IN PART 1) five
shows any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDI CERTIFYING CAUSE YES [NGS USED S OF DEATH?
Hem 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	MIR	DAY YEAR	THE HOW INJURY OCCU	RRED INTER NATURE OF MJURY IN IT	EM 1B, PART 1 OR PART 2)	
I Lo Day	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM FIC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
m 21 is ma		22a I certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no	ital) attended the deceased from 19. 19. 19. 19.			to	nd hour and from the	- consequents
be detache e State Dep TANT: If tte		226. SIGNATURE	Zening n	10	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [10	17/1
should be deta with the State IMPORTANT: 1		M. 21.	sh pint		333	SAINT PAG	ul p	1
	(:	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	10 231 DATE 236		EMETERY OR CREMATORY	Baltimore	соинту	STATE
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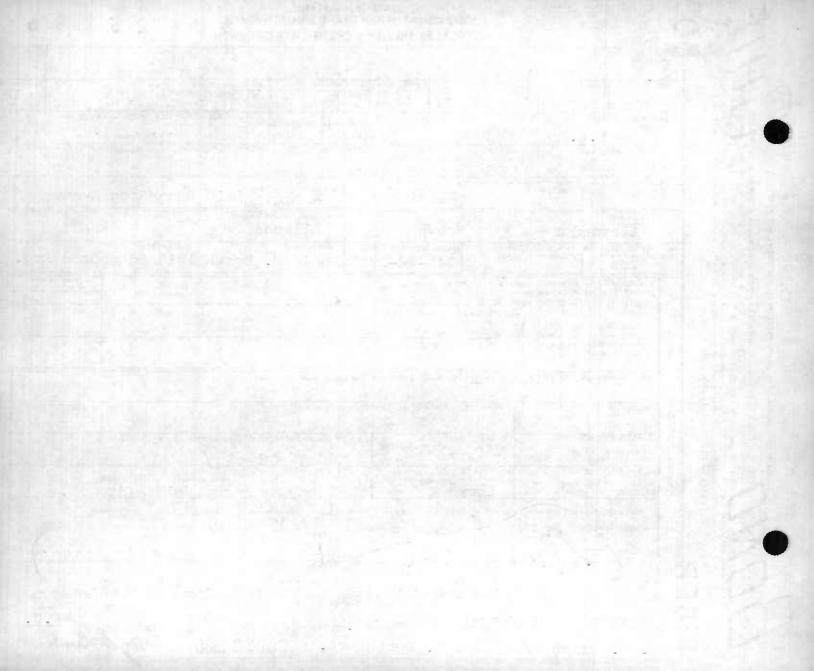




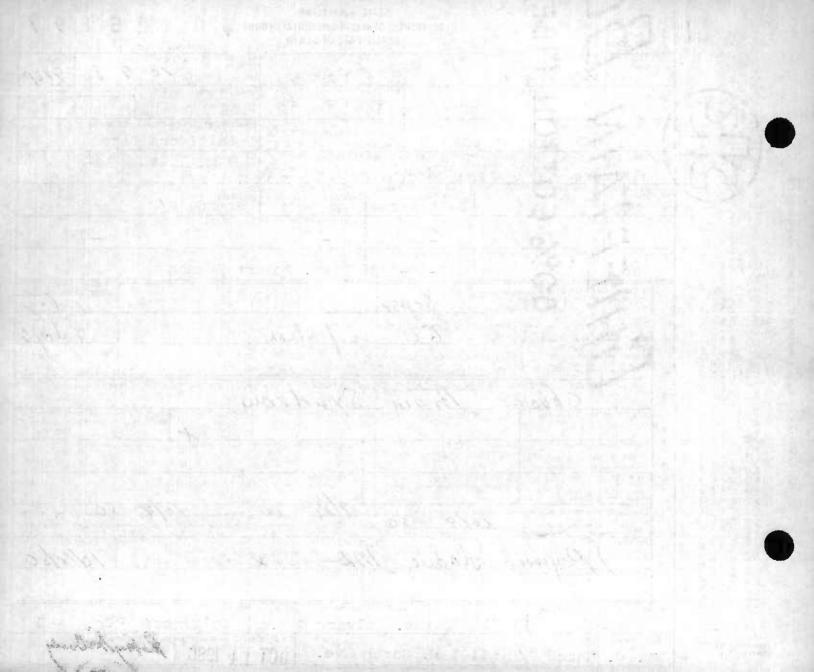
K	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL H ICATE OF DEATH	0 0	2 5	194
	1. DE	CEASED NAME FIRST		MIDDLE		ASI	REG. N	MONTH DAY	YEAR 26. HOUR
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moy Pog	3. SE		4. RACE	-	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UND	DER I YEAR IF UNDER 24 HRS
		Female	whi	ite	MONTH 6	2 17	63	YRS.	S DAYS HOURS MIN.
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offit led #		BALTIMORE	(IF NOT IN SI	GNES HOS	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewife	OF WORKING LIFE) IN	L KIND OF BUSINESS OR DUSTRY
in the	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTIO	N. GIVE RESIDENCE BEFOR	E ADMISSION)			1,9	Juli Holle
filled ould	130. 3	Md Balti		Catonsv:		13d. INSIDE CITY LIMITS:	13e. STREET ADDRESS 2004 Lismo	re Lane	
ately 2 sh	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		LAST
p 0 30		Albert	MIDDLE	Carter		Ella	Mae	Oran	
~ 0		VAS DECEASED EVER IN U.S. AR			JRITY NO.	17. INFORMANT	ADDR		
icate be executed within 24 hours hysicion and campletely filled in by appers. Pages 1 and 2 should be fill oval.		res, no or unknown) (if yes, givi	E WAR OR DATES)	215-07-	1274	Leon E. Bro	own Same as	#13	
ING PHYSICIAN: The law requires that the death certify after this certificate has been signed by the attending pass the buriol-transit permit. Then please remove carbon than and Mental Hygiene prior to buriol, cremotion, or remarked or Item 18 shaws any injury, or ather troumatic examples.		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	(b)_ DUE TO, (c)_	OR AS A CONSEQUE	ENCE OF		RMINAL DISEASE OR CON	IDITION GIVEN IN	PART I(o)
he law requon. On. has been six t permit. The ene prior to i	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICE	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
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DING PHYSICIA or ottending pl After this certifice os the buriol- ofth and Mental marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE	FARM, ETC)	211. LOCATION STREET	CITY OR TO	OWN CO	OUNTY STATE
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PITAL OR A by the hos teral DIRECERAL DIRECEAS Store Dept.		22b. SIGNATURE DEBAN	ly of	Cole	mil	ATTENDING PHYSICIAN	MEDICAL STA	FF)	10/19/80
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T 5 F 2 7 7		BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATOR	CITY OR TOWN	cou	NTY STATE
/ U BP		Burial	10/23		oudon		Baltimor		Maryland
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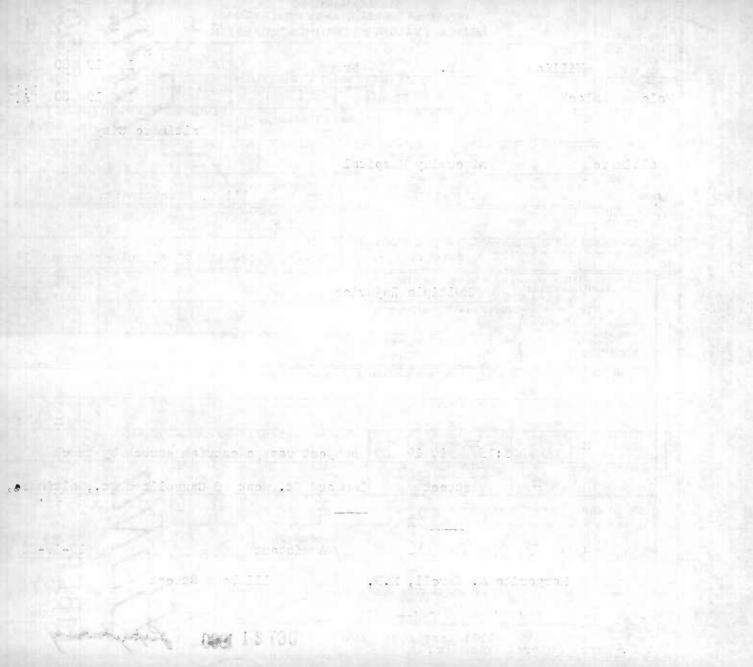




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90 10.		YORTOWN OF DEATH	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET) ORATON ME	ADDRESS)	enter	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		OF B		
35 13	a. S1	RESIDENCE (IF NURSING HOME OR ATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltim	/N 113d INSID	E CITY LIMITS?	Grenda 1	N/H			
00	FA1	HER'S NAME FIRST	MIDDLE LAST	15. MOTHE	R'S MAIDEN NA	ME	_ (A	ST		
		AS DECEASED EVER IN U.S. AR. S. NO OR UNKNOWN) (IF YES, GIV	E MIAD OD DATES			ADDRE ert Beamor				
	T	18 CAUSE OF DEATH (Enter on	ly one couse per line far (o), (b) on	d (c).)			APPROX BETWEEN	IMA ONS		
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		gave rise to immediate cause (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (c) CONSE								
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2 a		90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PER	FORMED	200 AUTOPSY?	206. IF YES, WERE FINDI			
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Q III	1	7 10. ACCIDENT WAS UNDERLYING			INJURY OCCUR	RED (ENTER NATURE OF INJUR				
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		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) STI	9 19 80	CITY OR TO	10 00	the		
		WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspi	(AT HOME, STREET, FACTORY, OFFICE, I	2/1	9, 19. 80		10 00	the		
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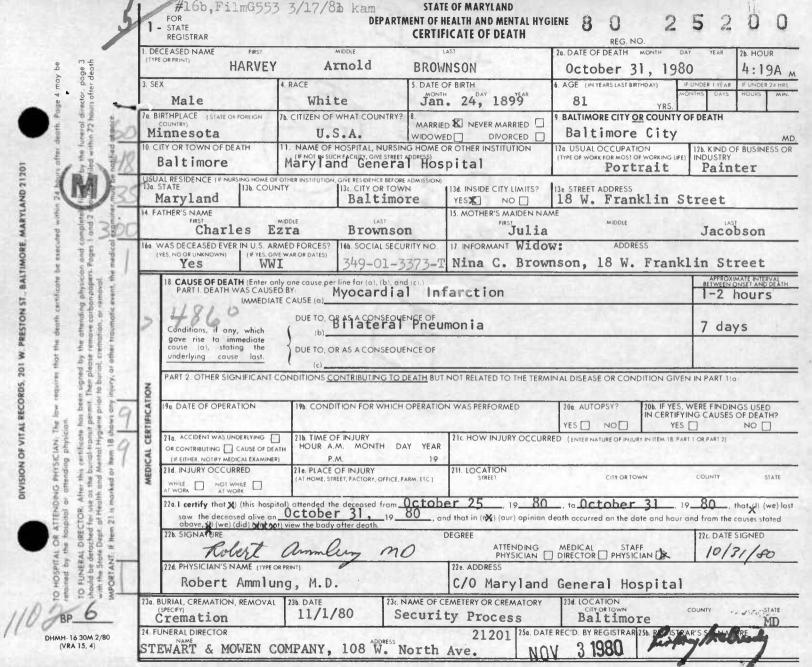


DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN b. HOUR (TYPE OR PRINT) OF ESTI-10 19 1980 William P. DEATH MATED Brown 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR DATE DAY LAST BIRTHDAY 3:45 PRONOUNCED Ma le Black 1080 16 09 10 19 DEAD YRS Jo: BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA Baltimore City WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 111 S. Stockton St. Baltimore YESX NO [WD 2 SI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Bessie Brown DIVISION C 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 27 S. Culver Street 29 217-16-6410 Bessie Caldwell No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF REMOVA Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CREMAT USED OF HE 19g, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES X NO E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR XX MONTH DAY YEA UNDERLYING AOR MEDICAL subject was pedestrian struck by truck 10 10 CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK 201 street Lombard St. west of Carrollton St., Baltimore, DIRECTOR: 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion MARYLAND XXUndetermined manner TITLE (SPECIFY) DATE 10-19-80 TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, V
BALTIMORE, MA Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT) 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Maryland Baltimore 10/23/80 Cedar Hill Burial Cemetery 24. FUNERAL DIRECTOR **DHMH-17** 1101 East North Ave VR A15 ME (51) Wm. C. March Funeral Home Inc. 15M 7/76



1/1		STATE OF MARYLAND	
8	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2	5 1 9 9
WA.	REGISTRAR DECEASED NAME FIRST MID	REG. NO.	DAY YEAR 2b. HOUR
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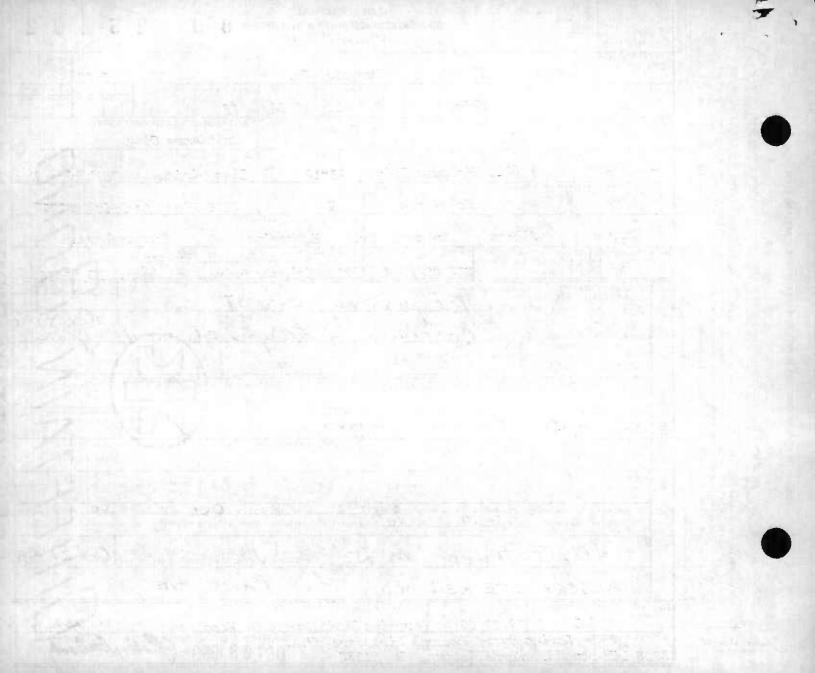
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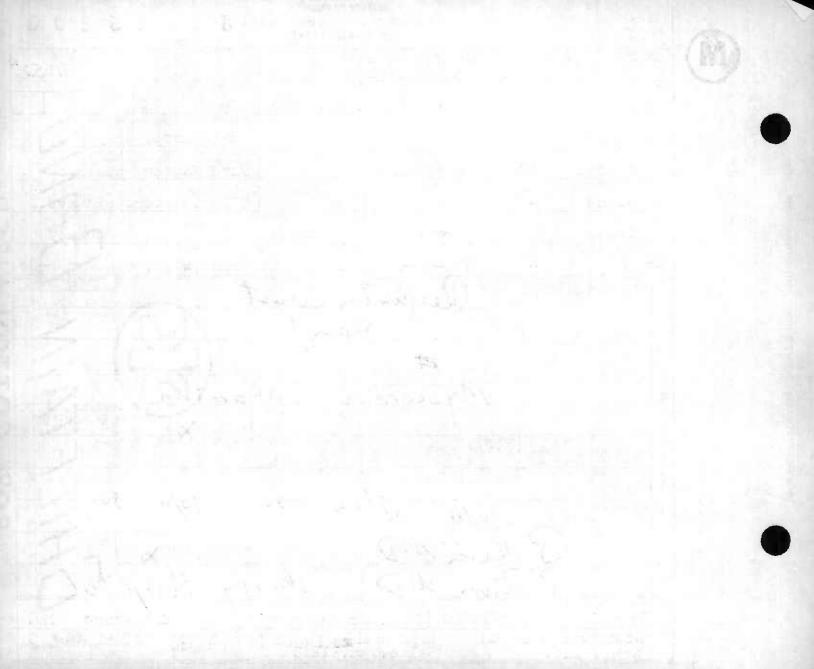
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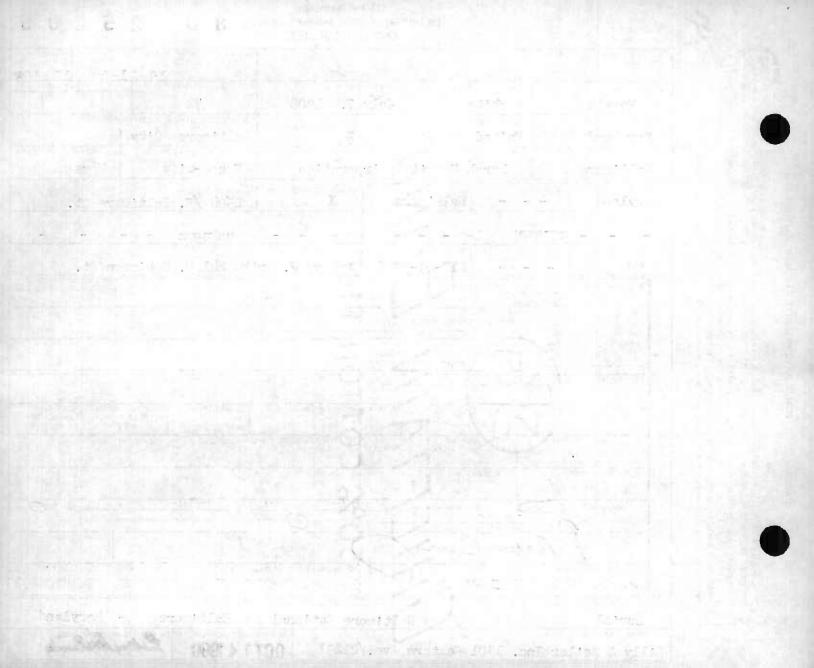


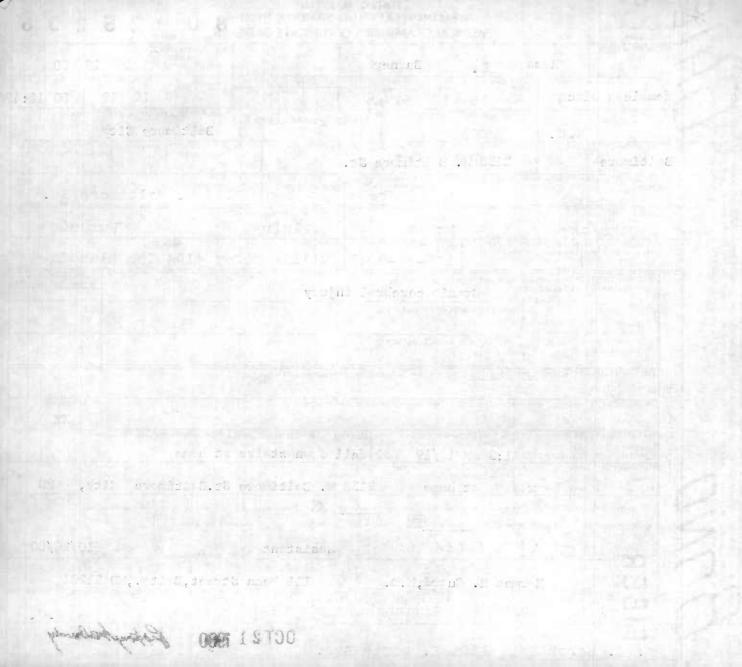
Home, Inc.



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) CAROLINE BURK 10-11-80 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAY 1908 EAR July Female White To BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED OUNTRY Maryland United States Baltimore City DIVORCED T WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Church Hospital Corporation TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Home BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE Baltimore 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland E. Baltimore St. 250/1 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) 218-03-3015 Arthur J. Orth 241 S. Robinson St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) CARDIORESPIRATORY ARREST PRESTON ST., DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which INTRA-CEREBRAL BLEEDING DAYS gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse lost. HYPERTENSION DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1150 CERTIFICATION any 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED p IN CERTIFYING CAUSES OF DEATH? NOF YES T NO T urial-transit p 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Item (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 71e PLACE OF IN ILIRY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 10-07-80 80 220.1 certify that (1) (this haspital attended the deceased from saw the deceased plive on 10-10-19_80_, and that in (my) (60r) printon death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE 22c. DATE SIGNED GREE ATTENDING MEDICAL STAFF Should be detainwith the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: HOSPITAL CORPORATION 224 PHYSICIAN'S NAME (TYPE OR PRINT) BROADWAY BALTIMORE, MARYLAND31 DR. V. BALAKRIUHNAN MD. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Baltimore - Maryland Maryland 10/15/80 Baltimore National 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Lilly & Zeiler Inc. 1901 Eastern Ave./21231 (VRA 15. 4)





FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 5 2

March L. Surns Laiting City Water Swedrial Hospital Rentl Carcle, H.D. Ladigmolt Laistomolt mound

1.1	500		STATE OF MARYLAND	CIENTE	
1-	FOR STATE		OF HEALTH AND MENTAL HY AINER'S CERTIFICATE OF	DEARL U	5 2 0 8
T. DF	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN X MOI	NTH DAY YEAR 125 HO
	PE OR PRINT) Juli	a E.	Burrel1	OF ESTI- DEATH MATED 1	
3. SE			(IN YEARS IF UNDER 1 YR. IF UNDER 24		
	emale Black			AIN PRONOUNCED	0 10 19 80 1:2
7a B	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	D 11.	
	N.C.	USA	WIDOWED DIVORCED		
	Baltimore	11. NAME OF HOSPITAL, NURSING I (IF NOT IN SUCH FACILITY, GIVE STREET ADD 2700 Mosher St	RESS]	20 USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	ORK 12b. KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE (IF IN NURSING HOA	LE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A		3e. STREET ADDRESS	
	MD	Baltim		2700 W. Most	ner St.
14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		LAST
	John	Hayes	Mary	N	Mallory
16a. \	WAS DECEASED EVER IN U.S. A YES, NO. OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		ADDRESS	
	No	220-05	-2688 Dorothy	Henson 2700 W.	
	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one couse per line for (a), (b), and (c).)		APPROXIMATE INTERVA BETWEEN ONSET AND DE
12		IATE CAUSE (a) Arterioscle	erotic Cardiovascul	ar Disease	
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	Conditions, if ony, whi				
	couse (a) stating the und lying couse lost.		NCE OF		
	17 10 9 20036 1031.	(c)			
2	PART 2 OTHER SIGNIFICANT CONDITION				
MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY?
IFIC					YES NO 1
ERT	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY		LENTER NATURE OF INJURY IN ITEM 38 PART 1	
ALC	UNDERLYING OR CONTRIBUTING CAUSE C	HOUR A.M. MONTH DAY			
DIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HO			Committee of the Commit
ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STAT
				ि रिप	
		arge of the remains described above, held			ny opinion
	death resulted from: No	aturol causes XX Accident L,	Suicide	Undetermined manner,	
	ACTUAL (//	bills the year	Assistant	D	ATE 10-10-8
1	SIGNATURE	me me me	M.D. ASSISTAN	MEDICAL EXAMINER SI	IGNED
1	EXAMINER'S NAME Mar	garita A. Korell, 1	ADDRESS 111	Penn Street	
23a.l	BURIAL, CREMATION, REMOVA		F CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial	10/15/80 Balt	imore Nat'l Cem		MD
24.	FUNERAL DIRECTOR		250. DATE RE	C'D. BY REGISTRAR 256 GISTRA	R'S AIGN TURE
	NAME	ADDRESS		4 1980	THE STATE OF THE S

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14	1.	STATE REGISTRAR		DEFARIT		ICATE OF DEATH	REG. NO	2 5 2	209
2000		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR
ERAE)	,,,,,		LIAM	EDWARD		BURROUGHS		10 2 8	0 1:50A M
(101)	3 SE	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
- 6 e s		MALE	BL	CK	MONTH	11 14 YEAR	66	YRS	DAYS HOURS MIN
oth. Po	70 B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN O	F WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEAT	IH
deoth.		ALTIMORE	U.S.		WIDOW	DIVORCED	BALTIMOR	E CITY	MD
is ofter dec	10. C	BALTIMORE	(IF NOT IN S	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET IEDICAL CEI	ADDRESS)	BALTO .MD .	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	IND OF BUSINESS OR STRY
hours hours	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTE	ON GIVE RESIDENCE BEFORE		13d INSIDECITY LIMITS?	13e STREET ADDRESS		
AND 2		ARYLAND		BALTIMO		YES NO 🗆	41 S. MORE	LY STREET	21229
RYLA within	14 FA	THER'S NAME	MIDDLE	A LAST A		15 MOTHER'S MAIDEN NO	AMÉ	_	LAS:
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MORE, M. e executed n and comp Pages I or medicolex	16a V		ARMED FORCES IVE WAR OR DATES) WW II	218-03-		Forence	ADDRES	415	Morley
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N ST., BAL certificate ing physici removol. ic event, th		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (o)_	ande-re		laid		BETY	WEEN ONSET AND DEATH
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W. P or the oy the se rer crem		gove rise to immediate couse ray, stating the underlying couse lost	DUE TO,	OR AS A CONSEQUE	ENCE OF				
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or to burn injury, o	o No	PVD, went	ricular.	higemin	ing				
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ION OF VITAI HYSCIAN: Th nding physicio his certificate his certificate buriol-tronsit 4 Mentol Hygie or Item 18 sho	E.	210. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH DA	AV YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	IN ITEM 18, PART 1 OR PAR	RT 2)
SIC1A ng pl certif priol-t	CAL	OR CONTRIBUTING CAUSE OF E	KAIN	P.M.	19				
JISION OF VII 3 PHYSICIAN: Ithending physis in this certifical the buriol-fron and Mental Hy ced or frem 18:	MEDICAL	214 INJURY OCCURRED	21e. PLAC (AT HOME,	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNT	TY STATE
DIVISI DING PI or otten After the cost he olth and	1	WHILE NOT WHILE AT WORK							
Do 4 9 0 E		22a.l certify that X (this has sow the deceased alive a	$n_1 = 10 - 2$	19	7 <u>-29</u> 80	, 19 <u>80</u> nd that in (★y) (our) opinior	to 10–2 to death occurred on the do	te and hour and from	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		obove, 10 (we) (did) 10 10 121. SIGNATURE	ox view the boo	dy offer deoth.	-	DEGREE		22c. 1	DATE SIGNED
		Br. Mar.	lene 7.	Jako		ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🛣	10/2/80
HOSPITAL ined by th FUNERAL wild be dett h the Stote		22d. PHYSICIAN'S NAME (TYPE		1		22e ADDRESS			
TO HOSP retoined I TO FUNE should be with the S		DR. MARC	ENE F. I	JARO	M).	3900 LOCH	RAVEN BLVD.	BALTO .MD	21218
2037BP	23a. E	BURIAL, CREMATION, REMOVE SPECIFY BURIAL		,-80 236.1	1	EMETERY OR CREMATORY	Brockiyn	PARK	M distate
DHMH - 16 50M 1/76 (VR A 15 (4))	24, FI	INERAL DIRECTOR	on 1 Sor	S /701	Laun	W.U.	TE REC'D. BY REGISTRAR 2	Birthy !	Elrendy
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(BA)	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	252	2 1 0
		CEASED NAME FIRST	LL S	SCOTT R	9	AST BYRD	2R. DATE OF DEATH MON	180	2h. HOUR
age 4 min ector, in rs afte d	3 SE	x ale M	1 RACE	hite	Janu		6 AGE (IN YEARS LAST BIRTHDA' 55	YRS. # UNDER I YEAR	
death. P	9	IRTHPLACE (STATE OR FOREIGN COUNTRY) Wisconsin	U.S.		MARRIE		Baltimore City or C		MD.
by the fuel within		Baltimore	UNIV	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Director	ORKING LIFE) INDUSTRY	of Business or Y icare
within 24 ho	13a M	aryland	me or other institution COUNTY Baltimore	13c. CITY OR TOW	N	120 110	13R STREET ADDRESS 6 Fellowsh	ip Court 1	Apt I - 1
ompletely and 2 sho	14. F	Arthur	Edmund	Byrd		15. MOTHER'S MAIDEN NAME FLORENCE	e Myrtle		ASI Y
rifficate be executed within 24 hour thireate be executed within 24 hour hystician and completely filled in by sapers. Pages 1 and 2 should be filed moval.		WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE YES	S, ARMED FORCES? S, GIVE WAR OR DATES) W 2	399-14-4		Mrs. Fay T.	ADDRESS Byrd 6 Fellow		t
201 W. PRESION ST juries that the death ce med by the attending p please remove carbon purial, cremation, or re jury, or other traumati	7	Conditions, if any, whice gave rise to immediate cause (a), stating the underlying cause las	DUE TO, C	OR AS A CONSEQUI	ALL OF ACE OF ENCE OF ENCE OF		C NSNACFA	-1 Whe	OXMATE INTERVAL IN ONSET AND DEATH
n. n.: The law n. r. t permit. The gene prior t gene prior t 8 shows any	CERTIFICATION	190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYIN	7		OPERATIO	N WAS PERFORMED	200 AUTOPSY? IN	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES	ES OF DEATH?
NG PHYSICIAN: The nding physician. Ter this certificate has be burial-transit permand Mental Hygene and Mental Hygene arked or Item 18 sho	MEDICAL C	OR CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A	M. MONTH D, .M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTEN al or a STOR r use of Hea	4	WHILE AT WORK NOT WHILE AT WORK 27a I certify that (I) (this I saw the deceased aliabove, (I) (1) (1) (did) (did)	haspital) attended the	24 195		nd that in (my) (aur) apinian of DEGREE	death occurred on the date.		-, that (1) (we) last he causes stated TE SIGNED
TO HOSPITAL OR A retained by the hospit TO FUNERAL DIREC should be detached fo with the State Dept. or IMPORTANT: If Item	?3a	224 PHYSICIAN'S NAME (*) EWILL HE BURIAL, CREMATION, REMO	LUIS	2361	NAME OF C	PHYSICIAN [DIRECTOR PHYSICIAN THANKY (AN) 1234 LOCATION	DHUSPITA	24/80
1909BP	24 F	Cremation UNERAL DIRECTOR	10=2	7-1980	Loud LOSO Y	ork Road 250 DATE	Baltimon		ryland
(VRA 15, 4) 1/79	Ru	ick Towson Fu	neral Home	e, Inc. To	owson,	Maryland OCT	2 7 1980	many may	ready

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THE CONTRACTOR	1		3. SE	(4 RACE		5. DATE		6. AGE (IN	YEARS LAST BIRTHDAY) IF UNE	DER I YEAR	IF UNDER	24 HRS
The state of the s				MALE	BLA	ACK	5 5	- 12 1899		81	YRS.	DATS	HOURS	MIN.
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ond	medical	1	16a V	VAS DECEASED EVER IN U.S. AF	MED FORCES?		SECURITY NO. 8-1053	JESSYE M.	COLEMA	ADDRESS	WECTE	V 7.	70	
ro. P	9 "		_					OEDDIE II.	СОППИ	IN IIU	MEISTE			RVAL
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	ws o	1	FIC						YES 🗆	NOL	CERTIFYING YES 17	CAUSES	OF DEAT	
ate	ond Mental Hygiene ked or Item 18 shows	0	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME (OF INJURY		21c. HOW INJURY OCC				OR PART 2)		
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Surice	or He		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		OF INJURY	19	211. LOCATION						
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CTOR:	He			sow the deceased alive or	C	6 80		nd that in (my) (our) opini	on death occurr					
RECT hed fo	ltem 2	ŀ		obove, (1) (we) (did) (did no 22b, SIGNATURE	ot) view the bod	y ofter death.		DEGREE				22c. DATE		
A U				ZZD. SIGITATORE			-	ATTENDING					126	
RAL	\$ Z-	7		22d. PHYSICIAN'S NAME (TYPE	>			PHYSICIAN 22e. ADDRESS	DIRECTO	R PHYSICIAN		10		
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				BURIAL	10-3	T-80	SHADY	GROVE CEME		PAIRFIE	LD CC	. S	.C.	
6 30M				INERAL DIRECTOR		ADDI	RESS		DATE REC'D. BY		STRAFTS	SHAT	The state of	
VRA 15, 4)	4	EE	BÉRT E. NUTI	TER 30:	35-37	W. NOR	TH AVE. 0	CT 29	1980	1	,,,,,	7	

THE LEVEL STREET, WILLIAM TO SELECT THE STREET DIRECTOR E MINISTER TO THE ATTEMPT AND THE PARTY OF THE P MIDDLE

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. ADDRESS

DHMH-16 20M

(VRA 15, 4) 7/78

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Balto., Md.

REG. NO

VEAR

DAYS

Cessna

COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c DATE SIQNED

IF UNDER 1 YEAR

2b. HOUR

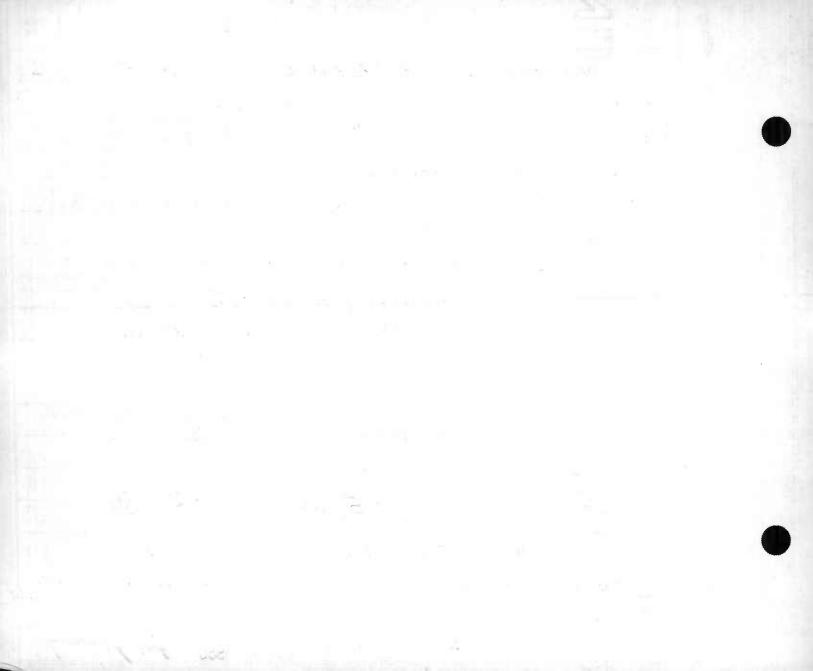
126. KIND OF BUSINESS OR Oil Burner

APPROXIMATE INTERVAL

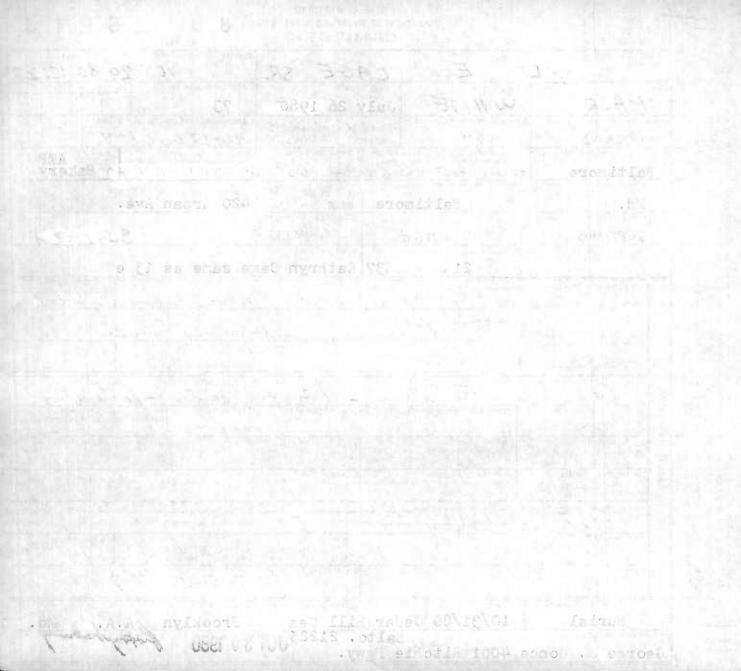
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IF UNDER 24 HRS



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r £		CEASED NAME FIRST	01/25	WIGGE	LAST		50	20. DATE C	OF DEATH	MONTH	CIAY	-	b HC
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翻	3. SE	MALE	WH	HIE	July 2	26" 1	907	73		YRS.	MONTHS		HOUR
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led	10. CI	ry or town of DEATH Baltimore	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET BALTIMOR	IG HOME OR OT			1	OCCUPAT	TON OF WORKING	12b. IND man	KIND OF B	A&
and be fi	ぜいいん	AL RESIDENCE (IF NURSING HOME TATE 13b. CO	OR OTHER INSTITUTION		AGMISSION)	NSIDE CIT	Y LIMITS?	13g. STREE	ADDRESS Arsa				
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signed by hen please to burial, cr ijury, ar ath	NO	underlying couse lost. PART 2. OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUE		RELATED 1	TO THE TERM				IVEN IN F	ART 1(o)	2
nos been r permit. Il ene priar t	CERTIFICATION	19a. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION WA	S PERFOR	MED NED	200 AUT	OPSY?	20b. IF Y	ES, WERE	FINDING CAUSES OF	S U F D
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		FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	5 2 1
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	. CII	3aH City	11. NAME OF HOSPITAL, NURSIN GIFNOT IN SUCH FACILITY, GIVE STREET	G HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING !	IZb. KIND OF BUS INDUSTRY
0 A U:		L RESIDENCE (IF NURSING HOME OF 13b, COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY LINE 131. CITY OR TOWN PRES		13e. STREET ADDRESS BC	× 169A
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ced or Item 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OF THE CONTRIBETION OF		19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2) COUNTY
rached for use use use bept, of Health			ool) attended, the deceased from	DEGREE ATTENDING PHYSICIAN	death accurred on the date and ha	19_80, that our and from the couse 22c. DATE SIGN 2 Out
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Alan Seitz Funeral Home 3818 Roland Ave.

(VRA 15, 4)

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Hubbard Funeral Home Inc. 4107 Wilkens Ave.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

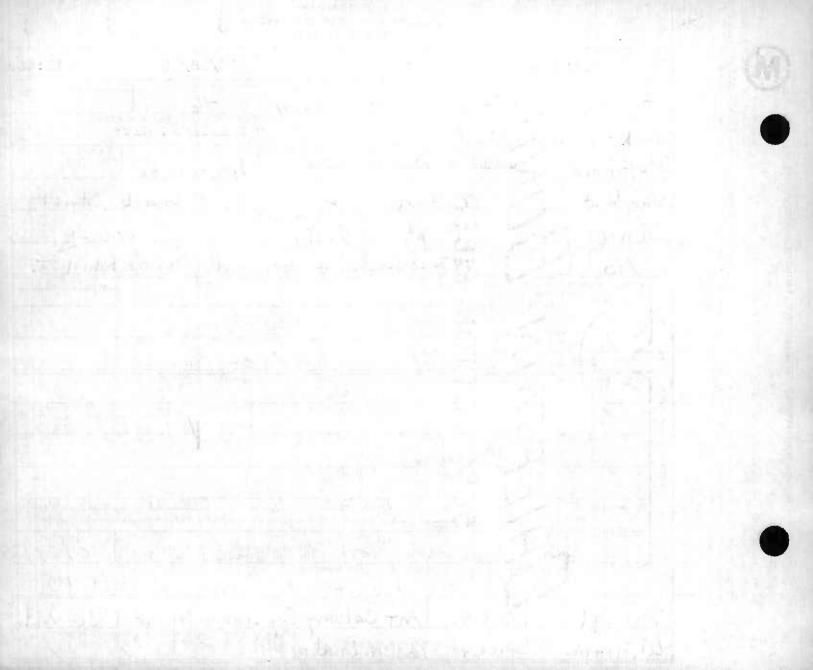
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C. Miller Inc. 6415 Belair Rd.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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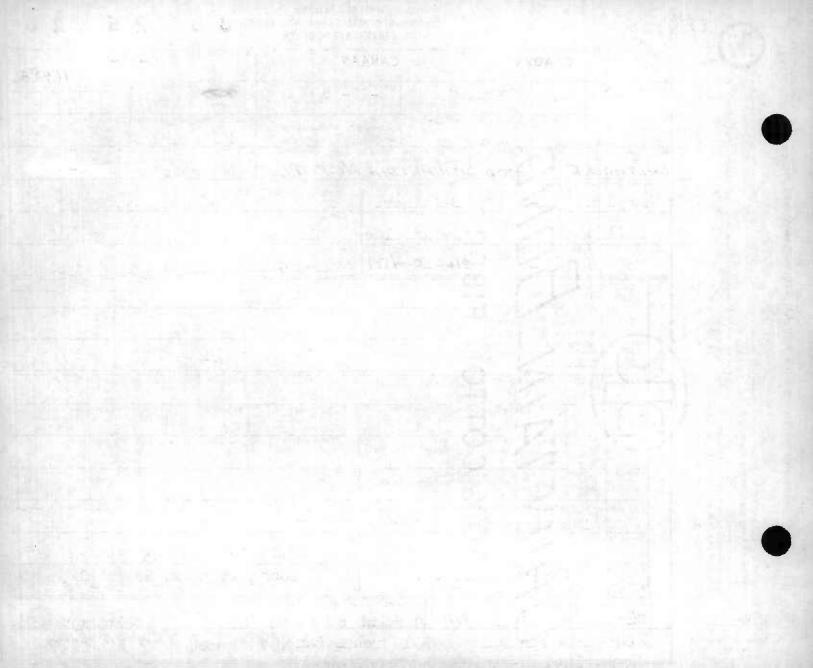


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(VRA 15, 4)

Home. Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



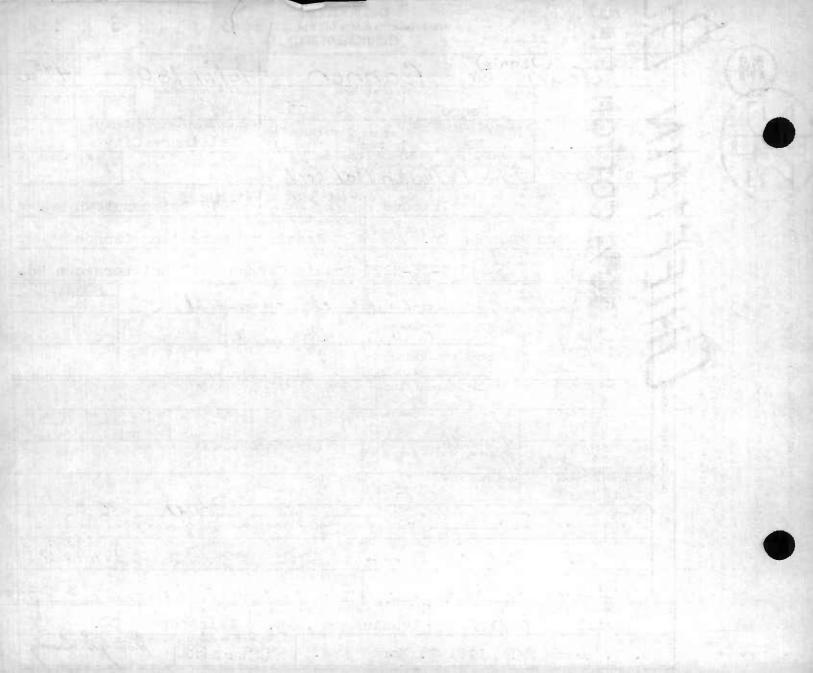
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į	he t	Fied	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		12a USUAL OCCUPATION	WORKING LIFE)	12b. KIND OI	F BUSINESS OR
201	by t	20		altimore	Maryland Gener	ral Hosp	ital	Retired	/		-
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	U C E	even			TE CAUSE (o) Pneumonia						
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EST	the otten remove c emotion,	troumotic	4	Conditions, if any, which	((b) Monoclonal	Gammop	athy				
W. Pg	· he			gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF					
o tho	ned by pleose uriol, c	or other		underlying couse lost.	(c)						
SS, 2	signe hen pl	njury,	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN	IN PART 10	
ORI	been prior t	ony in	CERTIFICATION	19a. DATE OF OPERATION	Anemia 11%. CONDITION FOR WHICH	OBERATIONIA	AS DEDECORATE	200 AUTOPSY?	DAL IE VEC V	WERE FINDIN	CS USED
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NC	\$ 0 2 G	or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	LOCATION				
DIVISION OF VITAL RECORDS, 201	er the	morked	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC)	STREET	CITY OR TOV	/N	COUNTY	STATE
<u>a</u> <u>u</u>	or o	a o			tal) attended the deseased from_	October	24 19 80	to Octobe	r 24, 19	80 ,	that XXwe) last
E E	- U - T	21 is		sow the deceased alive on	tol) oftended the deseosed from 0 Ctober 24	80 , and th	not in 💥 (our) opinion d	eoth occurred on the do	te and hour a	nd from the c	ouses stoted
A A	e hospite DIRECTO Iched for Dept. of b	Hem		22b. SIGNATURE	V/	DEG	REE			22c. DATES	IGNED
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ZPI SPI T	Ste ER	AA		22d. PHYSICIAN'S NAME (TYPE O	PRINT)	220	e. ADDRESS		7 700		
9		MPORTANT:		Craig R. Ma	rtin, M.D.	C	o Maryland	General Ho	spital		
1009	Sho of short	3		URIAL, CREMATION, REMOVAL	23b. DATE 23c. I	NAME OF CEME	TERY OR CREMATORY	23d. LOCATION		COUNTY /	STATE
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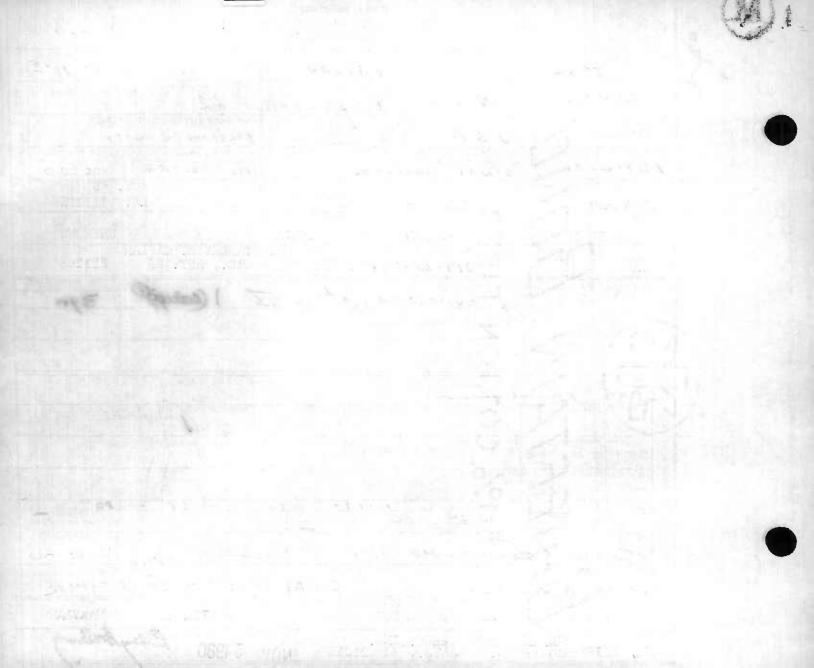
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L	FOR STATE REGISTRAR	DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 0	2 5 2	2 2
	DECEASED NAME FIRST	Dennie MIDDLE	00	O()O	20. DATE OF DEATH	BO YEAR	2b. HOUR- 445
	Female	Negro Negro	5. DATE O		6. AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER 1 YEAR MONTHS DAYS	
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY) S.C.	76 CITIZEN OF WHAT COUNTRY? USA	WIDOWE			re City	MD.
0	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY ONE STREET 700/V OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADDRESS)	1ed. Cent.	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
5 130	EATHER'S NAME		N	13d INSIDE CITY LIMITS? YES K NO 1		isterstow	n Rd.
	FIRST	r Cannon Sr.		Jessie	MIDDLE	son Canno	n n
160	WAS DECEASED EVER IN U.S. AF		RITY NO.	17. INFORMANT	ADDRE		
L	(YES, NO OR UNKNOWN) (IF YES, GI	218-26-	-8327	Jessie Can	non 3617		own Rd.
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (19), DATE OF OPERATION	CONDITIONS CONTRIBUTING TO D	DEATH BUT		NAL DISEASE OR CONT	DITION GIVEN IN PART 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES YES	DINGS USED
-0	OD CONTRIBUTION CAUSE OF DE	ATH HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURR			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	-	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	saw the deceased alive or	15-16-	V	d that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	medical STAF	22c. DA1	that (I) (we) lost the couses stated
	22d PHYSICIAN'S NAME (TYPE	ORPRINT) JUREED 11	2.P	22e. ADDRESS		PATOMP.	212-30
	BURIAL, CREMATION, REMOVAL Burial			EMETERY OR CREMATORY LS Mem. Pk.	23d LOCATION CITYOR TOWN Baltimo		МД
	Wm. March	F/H 1101 AEFESS	North		CT 1 5 1980	25b. REG	Melwely

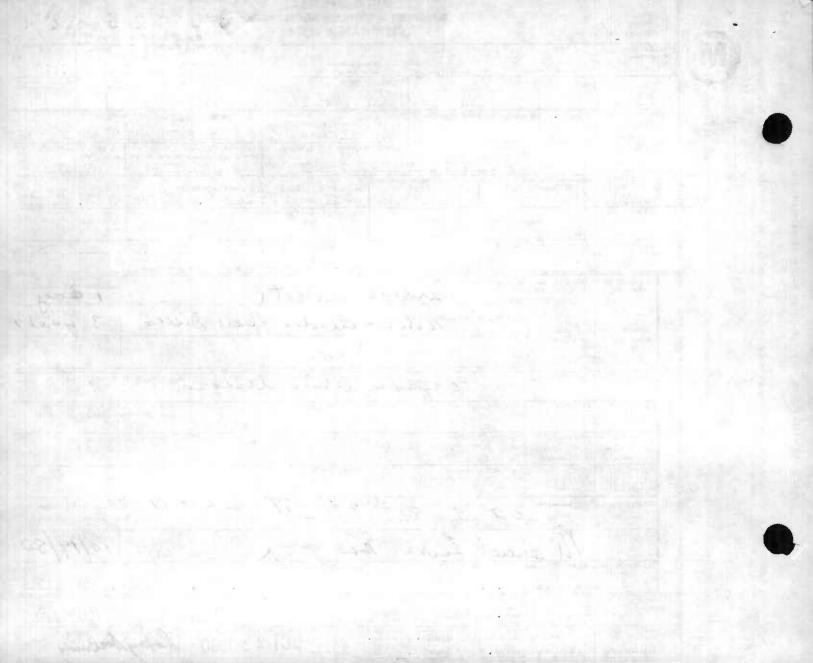
DHMH-16 30M 2/80 (VRA 15, 4)

BP.





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR ITYPE OR PRINT) REBECCA TRENE CAPLAN OCTOBER 19. 1980 7:10 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS **FEMALE** WHITE MAY 1894 7a. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED RUSSTA USA WIDOWED XX DIVORCED BALTIMORE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JEWISH CONVALESCENT HOME BALTIMORE HOUSEWIFE AT HOME JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE 2829 W.COLD SPRING LA. #21215 YES TXX NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST ISRAEL PASKO W UNKNOWN Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT EMANUEL CAPPERTS 7004 NORTH WEST (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 99th WAY, TAMARAC, FL 33321 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (acab), and (c). PART I. DEATH WAS CAUSED BY dece IMMEDIATE CAUSE IN Perole Lear Disease Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF YES T NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 10 0 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram. 04 saw the deceased alive an____ and that in (my) (ear) apinian death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS MANUEL LEVIN, M.D. BALTO., MD 6101 PARK HTS. AVE. 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION BURIAL COUNTY OCT.20,1980 ADATH YESHURUN BALTIMORE MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & 250 DATE REC'D. BY REGISTRAR 25 GISTRAR'S GIGNATURE BROS. INC. **DHMH-16 25M** (VRA 15, 4) 1/79 6010 REISTERSTOWN RD. 21215 BALTO.



		FOR				DI	EPARTM	ENT OF	HEALTH	AND ME	ENTAL H	YGIEN	E) ("	4	2	E	63	(1)	yes
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1	3. SE)	(4. RAC		5. DATE OF BIR		6	AGE (IN YE	ARS IF UN		IF UNDER	24 HRS.	2c. DATE			HINO	DAY	YEAR	2d. PMJR
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24 FUNERAL DIBERTOR

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

E UNGER 24 HRS

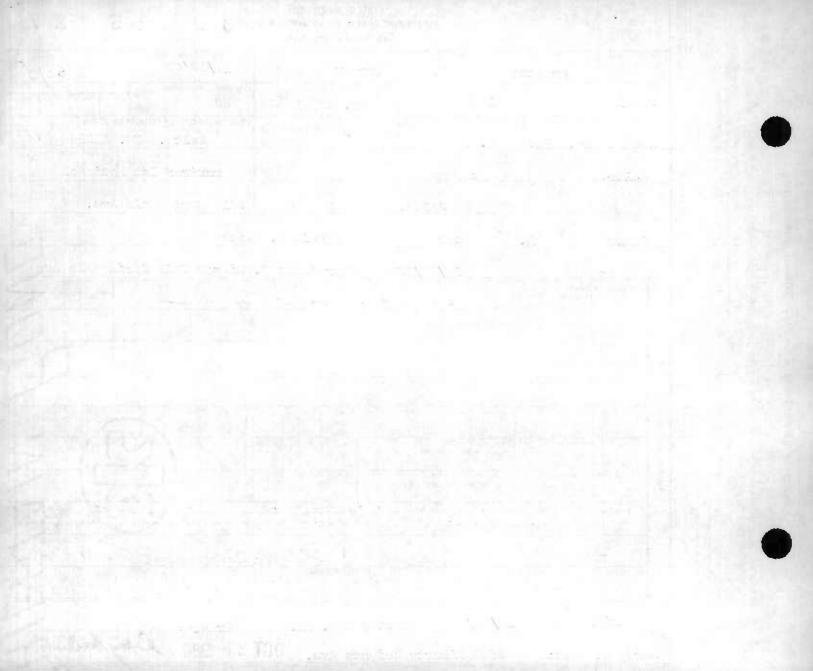
STATE

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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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) ************************************	1. DE	REGISTRAR CEASED NAME FIRE OR PRINT)	RST	MIDDLE		AST AST	DEATH	20. DATE OF DE 10/19		DAY YEAR	1
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Pog director		Pemale IRTHPLACE (STATE OR FOREIG	Blac	WHAT COUNT	PY2 8	ig. 23,		60	YRS	TY OF DEATH	
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MARYLA and within mpletely ond 2 sho	14. F/	ATHER'S NAME FIRST	MIDOLE	LAST		15 MOTHER	S MAIDEN NA	ME	HODLE		LAST
		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES? (ES, GIVE WAR OR DATES)		SECURITY NO.	17. INFORMA	ANT		ADDRESS	ninada	70 7::0
BALTIMORE.	F	NO 18 CAUSE OF DEATH (E PART I. DEATH WAS C		218/22/ or line for (o), (b)			i	. Wilson	3018 2		OXIMATE INTERVAL EN ONSET AND DEATH
hat the death certified by the ottending pose remove corbon i. cremotion, or remother troumotic events		Conditions, if ony, wh gove rise to immedia cause 101, stating	ich (b)_	DR AS A CONSE			aut	7721100			
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TAL RE la The la circion. The los nsit per regione response shows	ERTIFI	71a. ACCIDENT WAS UNDERLY	ING 216. TIME (OF IN HIPY		Tale HOW IN	AILIBA OCCIDI	YES N	0	YES 🗌	NO [
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DIVISION DING PHY or ottendin After this e os the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY FREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATH STREET	ON	CII	Y OR TOWN	COUNTY	STATE
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by the hore ERAL DIRE detocher		226. SIGNATURE	ed m	The	200			MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DA	TE SIGNED
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20 BP	23a.	BURIAL, CREMATION, REM SPECIEY) Burial	23b. DATE 10/23		23c NAME OF C Arbutus			23d. LOCATIC CITY OR TO	WN	COUNTY	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR NAME erou O. Duet		ADDRESS	s		25a. DAT	2 1 198	STRAR 256.	my he	Bredy



	1			STATE OF MARTLAND		
1 6	1	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	2 5 2 2 8
1 80		CEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH	OAY YEAR 2b. HOUR
y be		George		CARTER	16	28 80 625 1 M
ector, pr	3 SE	MALE	BLACK	5. DATE OF BIRTH MONTH DAY 1896	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
leath. Pa		IRTHPLACE ISTATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
the fun within	10	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	IZIL KIND OF BUSINESS OR
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thin 24 filled in 24 filled in 24	130	HLYLAND 136 COU	NTY III CITY OR TO	VALE YES DE NO []	13r. STREET ADDRESS 2015 DIVISIO	N STREET
npletely of 2 she	14. F	ATHER'S NAME FIRST RITH	MIDDLE PAST	15. MOTHER'S MAIDEN NA	MIDDLE	JONES
d con	lóa.	WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	ADDRESS	JONEZ
an and Pages t, the	L	YES, NO OR UNKNOWN] (IF YES, GIV	(32-05	-4787 ZELMA CA.	RTER	SAME
physici papers emoval tic even		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o	PULMONARY AN	LLEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ending sarbon n, or re		4360	DUE TO, OR AS A CONSEOL		1/0	25.4
t the c he atte move c ematio		Conditions, if ony, which gove rise to immediate cause (a), stating the	(b)			12ms.
ed by the ease re rial, cr ry, or ry, or		underlying cause last	DUE TO, OR AS A CONSEOU	JENCE OF		
v requi	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
e has bee ermit. T ene prior shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
cian.	E .	21a. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	FICHENCY VLCERS	YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO
SIC aysi aysi aysi tra tra ital		OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN STEW	18, PART FOR PART 2)
NG PHY inding ph fter this of the burial and Men arked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	2 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
r atte		226 I certify the Lonis hosp	offended the deceased from	9/3 10 80	10/128	10 80 that (I) We lost
ATTI ontal o ECTO for us of H		saw the declaration obove, (If we will) did h	10/28 19 ot) view the body after death.	, and that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
L DIR ached a Dept		22b. SIGNATURE	T CAR	DEGREE ATTENDING PHYSICIAN C	MEDICAL STAFF	10/28/80
SPITA by the BERA e det. State		224 PHYSICIAN'S NAME (TYPE	PRINT)	220 ADDRESS	DIRECTOR PHYSICIAN	- / /
TO HOSPI retained by TO FUNE should be co with the St			RIEDMAN, MD	UNIV. HOSP.	225 GREENE	ST
2BP	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY KING MEM. PK	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24 F	DURIA UNERAL DIRECTOR			E REC'D. BY REGISTRAR 256. REC	
DHMH-16 25M (VRA 15, 4) 1/79	11/2	PRION BALLEY	1348 CALHOU	000	30 1000	to ha Buch

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DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH 140MAS ARTER 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX NEGRE DAYS 9 BALLIMORE CITY OR COUNTY OF DEATHE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ACFIMENE DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 1 2020N DENS SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 3d. INSIDE CITY LIMITS? BALTIOWN WALL MIDDLE CARTER 2737 VANNLEY AND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0 Conditions, if ony, which gave rise ta immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 MEDIC/ 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK

22a. | certify that (1) (this hospital) attended the deceased from sow the deceosed olive an_ obove, (I) (we) (did) (did not) view the body ofter deoth 22b. SIONATURE

ATTENDING 22e ADDRESS

UN PHYSICIAN DIRECTOR PHYSICIAN

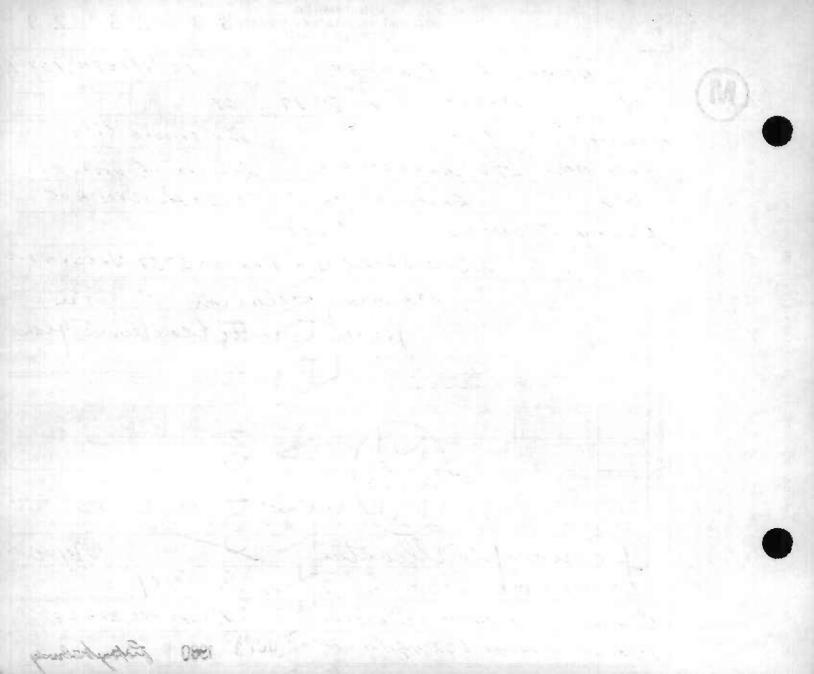
231. NAME OF CEMETERY OR CREMATORY

and that in (my) (our) apinian death accurred on the date and hour and from the couses stated

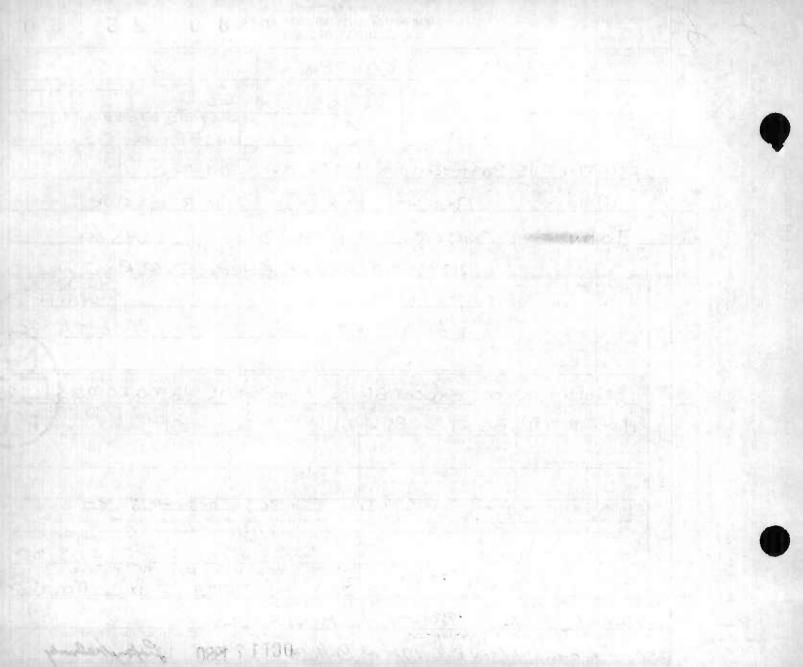
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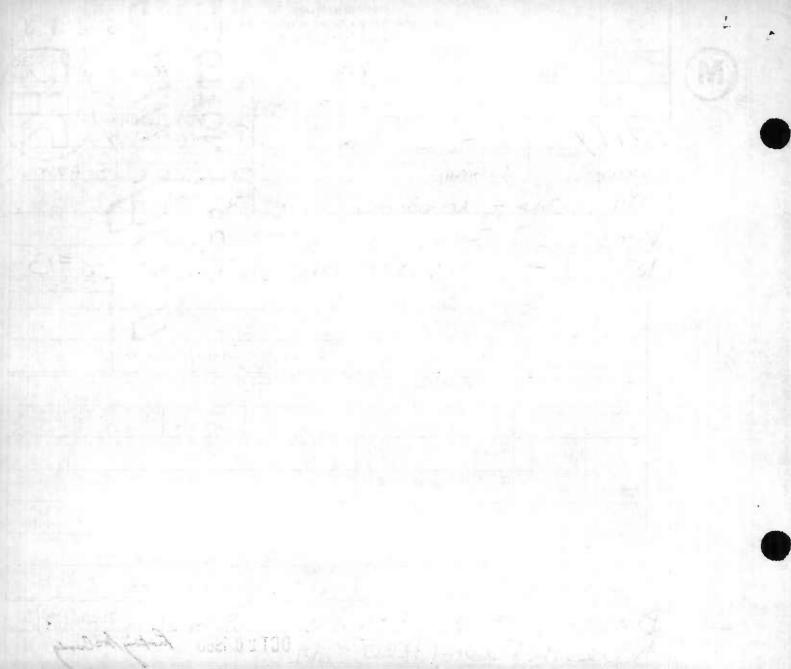
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	2 6	11.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE 8 0 2	2 5 2 3 0
	1		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	n Ω -		CEASED NAME FIRST OR PRINT)	MIDDLE	CARTER	20. DATE OF DEATH MONTH	15 80 26 HOUR
	noy be	-	WILL	IAM		10	IF UNDER 1 YEAR IF UNDER 24 HRS
	4 000	3. SE	male	1 RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 12 16	6. AGE (IN YEARS LAST BIRTHDAY) 43 YRS	MONTHS DAYS HOURS MIN.
	Poge direct	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
	death. Page uneral direction of the 72 hauss	5	2	USA	WIDOWED DIVORCED	BALTMOR	
	wit wit	10 C	BOLTO,	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION REET ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) RETIRED	12b. KIND OF BUSINESS OR INDUSTRY
120	oe no) Ušu	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BI	FORE ADMISSION)		
AND 2	24 h	130	md. 136. COU	TEA	YES NO	2910 RIGOS	ave
RYE	within terely d 2 sh	14. F/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	/ LAST
X A		3	TORN	- CARTER	ROSA		Alston
ORE,	executed and comp ages 1 an		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		ADDRESS	
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BAL	icate hysicis paperi ovol.		18 CAUSE OF DEATH (Enter o	nly one couse per line lor (o), (b)	, and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.	certificate ng physic banpape r removal.			TE CAUSE (0) HYPO I	ENSION		10CT. 12-15'8
NO.	t baa o		5 86-	DUE TO, OR AS A CONSE			OCT.9 '80
PREST	the attend the attend remave ca emation, a		Conditions, if any, which gave rise to immediate	(b) REN	ial failure		00114 80
3	th the		cause (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF		
201	p s p a			CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDITION (GIVEN IN PART 1(0)
	quires signe then p to bury, a	Z	PNEUMO	- A.		and the man	Tomas
RECORDS	w re	ATA	190. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
8		CERTIFICATION	Septor Aug 198	O BILAT, SI	UBDURAL HEMATO	YES NOW IN CER	RTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
/ITA	IYSICIAN: The ding physicia physicia physicia physicia physicial scentificate physicial physicia	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
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DIVISION OF	166.7	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211 LOCATION	CITY OR TOWN	COUNTY STATE
N N	DING PH ar atter the est the est the marked in	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE. PARM, ETC./		
٥	NDIN Per Af Use a tealth	1	220.1 certify that (1) (this hosp	ital) ottended the deceased fro	am OCT. 11 19 80		5 19 80, that (I) (we) last
2	TTER spito CTOI for of H		saw the deceosed alive or obave, (I) (we) (did) (did no	ot) view the body alter death.	9_80, and that in (my) (our) opiniar	n death accurred an the date and I	
	OR A he has borked beched bept. If Item		22b. SIGNATURE	1 00	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
File	Y the XAL D detacl of D tote D tote D	-	B. H. tre	Twell	PHYSICIAN	DIRECTOR PHYSICIAN	10/15/80
	SSPI ed b JNE d be d be She Si		22d. PHYSICIAN'S NAME (TYPE		22e. ADDRESS S. Ba	LTO, GENIL, M	OSPITAL DIDZO
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	5 5 7 2 7 5	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	234. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
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	DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR BRANE	WN-THOMPS	- 1/ 00-	- 4 - 1	L hello
	(****)	I	SAIAH L. BROW	2N 4-SON P.A.	19/3 N. BA/45 STUCT	171980	graph way



TYPE OR PRINT	AR NAME FIRST		MIDDLE MIDDLE	LAST		OF.	KNOWN [2	MONTH	DAY YEAR	2b. HOUR
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femal.	4. RACE white	5. DATE OF BIRTH	YEAR 6. AGE (IN YE LAST BIRTHD			MIN. PRONOL	UNCED	10	4 1980	5:04
7a. BIRTHPLA	E (STATE OR	76. CITIZEN OF WH	IAT COUNTRY?		NEVER MARRIE	9. BALT	MORE CITY C	R COUNTY		
FOREIGN CO Mar	rland	USA		WIDOWED [DIVORCE	□ Balt	imore	City		MD.
10. CITY OR T	timore	(IF NOT IN SUCH FAC	PITAL, NURSING HOMI RITY, GIVE STREET ADDRESS) ckham Rd.	E, OR OTHER INS	NOITUTIT	FOR MOST OF W Govern	ORKING LIFE)	E OF WORK	2b. KIND OF BI OR INDUST State	TRY
USUAL RESID	NCE (IF IN NURSING HOME OR		E RESIDENCE BEFORE ADMISS	ION)	SIDE CITY LIMITS?	13e. STREET ADD	RESS			
Maryla			Catonsvil			5334 Ca		Court		
14. FATHER'S		MIDDLE	LAST	15. M	OTHER'S MAIDER		MIDDLE		LAST	
Cha	rles	P.	Cassatt		Pauline	2		R	ussell	
(YES, NO, OR	EASED EVER IN U.S. ARM UNKNOWN) (IF YES, GIVE W		16b. SOCIAL SECURIT				ADDRESS			
No			220-16-28	79 Ka	thryn B.	. Wise	Box 12	3 Mt.		Sp.Pa
	JSE OF DEATH (Enter only T I DEATH WAS CAUSED				iantica				APPROXIMAT BETWEEN ONS	
0		E CAUSE (a)	Salicylat		ication					
1/2	nditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	Or						
go	ve rise to immediate use (a) stating the under-	(b)	AS A CONSEQUENCE	0.5						
	g couse lost.	DUE TO, OR	AS A CONSEQUENCE	Or						
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			TO THE TEN	DISCUSE ON CO.	TOTAL STATE OF THE PAR	· · · (w).				
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free.	ERNAL CAUSE WAS	216. TIME OF			JURY OCCURRED	ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART	T 2)	414115
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EDICAL CONTI	IBUTING CAUSE OF D	EATH 11 PPM 218. PLACE C		Ing		CITY OR	TOWN	Md. cour		STATE
WEDICAL WHITE TALL OF THE	IBUTING CAUSE OF DURY OCCURRED	EATH 11 PM 21e. PLACE C STREET, FACT bu	OF INJURY (AT HOME, ORY, FARM, ETC.)	Ing 21f. LOCATIO STREET 2 N. W	lickham	Rd. Ba	ito.,	COUN	NTY	STATE
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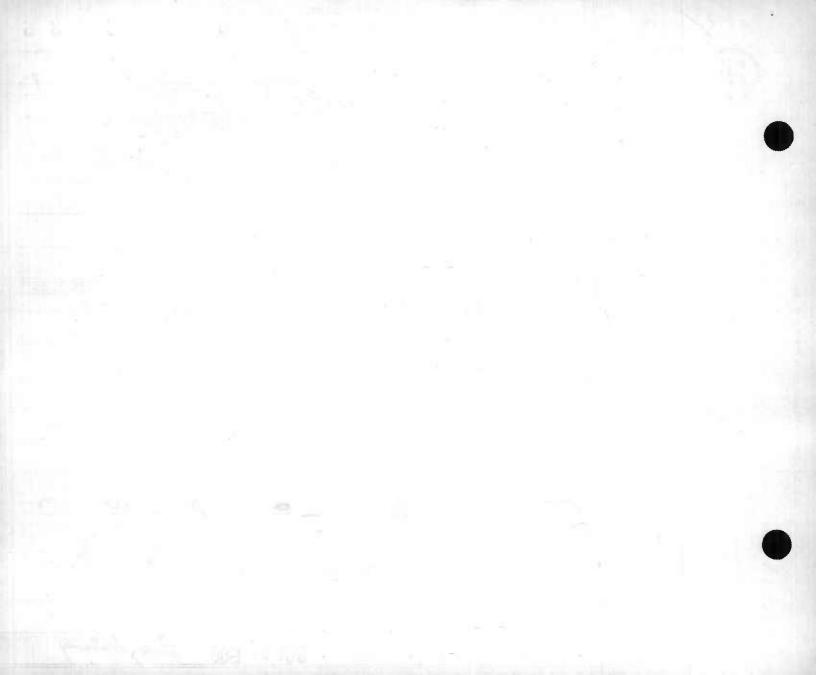
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	3. SE	m		race W	5 DATE O MONTH	FBIRTH 28 190	00	YEARS LAST BIR	YRS	MONTHS OAYS	
unitral de	S	RTHPLACE (STATE OR FOREK	3N 7b	USA	WIDOWEL			MORE CITY O	-	OF DEATH	MD.
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filled in hould be	130	AL RESIDENCE (IF NURSING	COUNTY	HER INSTITUTION, GIVE RESIDENCE 13c. CITY OF		136 INSIDE CITY LIMITS?	P 13 STRE	ET ADDRESS	9	B _E	
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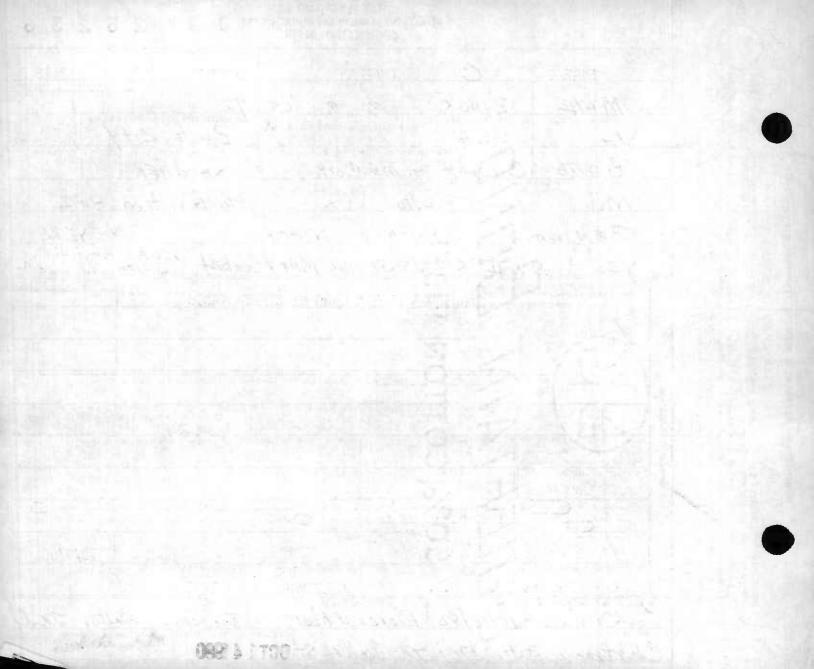


DEPARTMENT OF HEALTH AND MENTAL HYGIENE (STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME AKA Catherine Oberlander Za. DATE KNOWN (TYPE OR PRINT) OF ESTI-1080 CATHERINE 16 10 4 RACE A AGE (IN YEARS I IF UNDER 1 YR SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE 28 HOUR LAST BIRTHDAY PRONOUNCED 79 a ... female white 00 DEAD 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH TO RIPTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City Maryland DIVORCED 18. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION. 3412 Dudley Ave. Baltimore Package Worker Cannery SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 113b. COUNTY Maryland Dudley Ave., 21213 YES X NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Faust MIDDLE Peter (unknown) Margaret IAN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 216-30-8252 DIVISIO No Marie Burdyck, dghtr., same address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF I PRIOR TO BURIAL, C YES | NO X 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 216, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 11. LOCATION NOT WHILE STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK Inspection X DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inquiry ARYLAND death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) 10-16-80 Assistant DATE TO FUNERAL LAFTER DEATH, BALTIMORE, M. SIGNATURE EXAMINER'S NAME 111 Penn St. Ann M. Dikon, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b. DATE Pa. York Holy Saviour Cemetery Burial Home. Inc. Balto., Md.21213 VR A15 ME (5)) Home, Inc. 15M 7/76

CIRCLE STORY



DHMH-16 30M 2/80 (VRA 15, 4)



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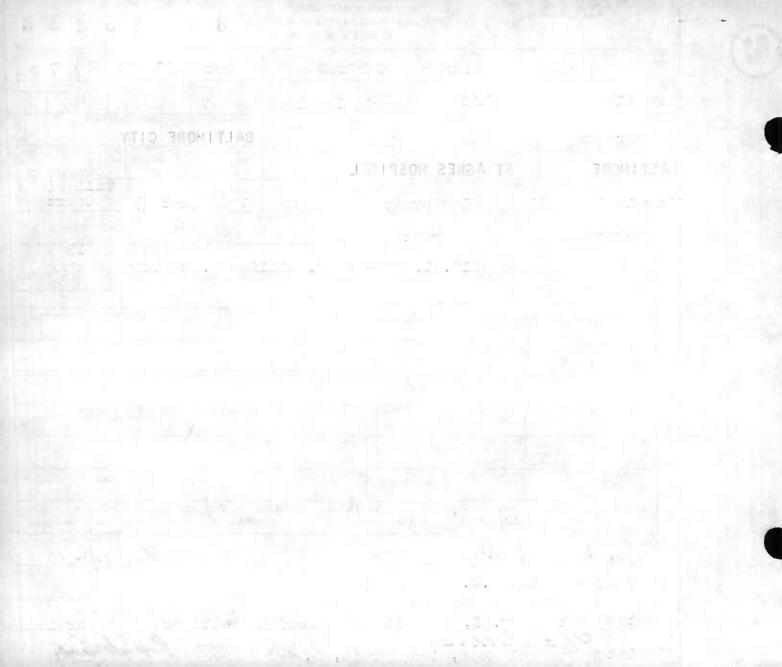
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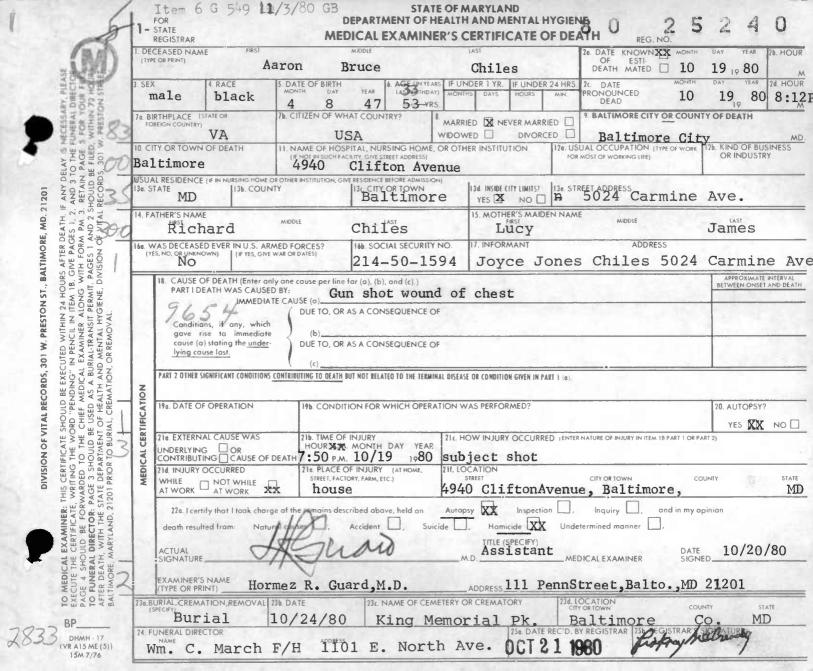
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L OR ATTENDI the hospital or DIRECTOR inched for use a Depta of Heal		220 I certify that (I) this has sow the decay slive o above, (I) we) (did) did n 22b. SIGNATURE	10-6	19_80 .	nd that in (my) Gur opinion DEGREE ATTENDING	n death occurred on the date	ond hour and from the co	
TO HOSPITAL TO FUNDED by the should be deter with the Stote		22d PHYSICIAN'S NAME (TYPE DR. A. F	NAZEMI,			DIRECTOR PHYSICIA RCH HOSPITA ROADWAY BAL	L CORPORAT	ION
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REGISTRAR

24. FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH Chodnicki October 30, 1980 5:30a 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retail Store 311 S. Duncan St. City 21231 Gromacka ADDRESS Frank Cooke, 311 S. Duncan St. City 21231 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN October , and that in form (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED STAFF 10/30/80 DIRECTOR PHYSICIAN c/o Maryland General Hospital Baltimore, Maryland St. Stanislaus Cem. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Geo. A. Weber & Sons Inc. 705 S. Ann St. 21231

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of t		sow the deceased alive on above, (1) (we) (did) (did no	1) view the body ofter death.	2, and that in (my) (our) opinion	death accurred on the de	ote and hour and from the	couses state
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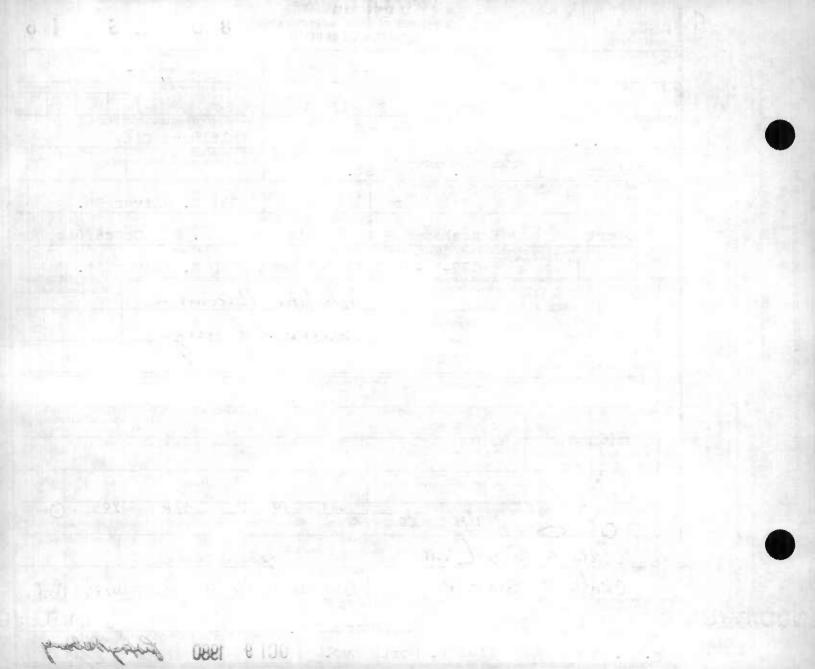
Whise June 1, 192 1 series Office Clerk Hospital Maryland Baltimore X Batti N. Charles Street in solution of the solution of 219 12 8002 Mr. Paul Clammit Cookin, NE. Dr. Aubrey D. Flohardson, M. D. Kaswick Hame, Balto., Md. 1011 Parine Fierlier, ile. 1806) ort 1904 1810., Md. 21212 1804 1904

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		15m	1		ATTENDING PHYSICIAN	MEDICAL STA		Oct 15	4/80
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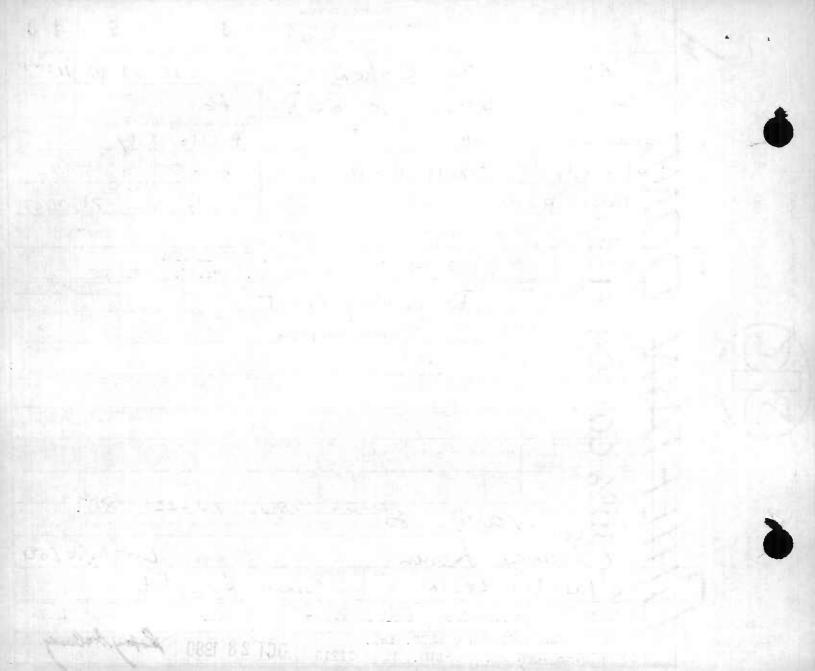
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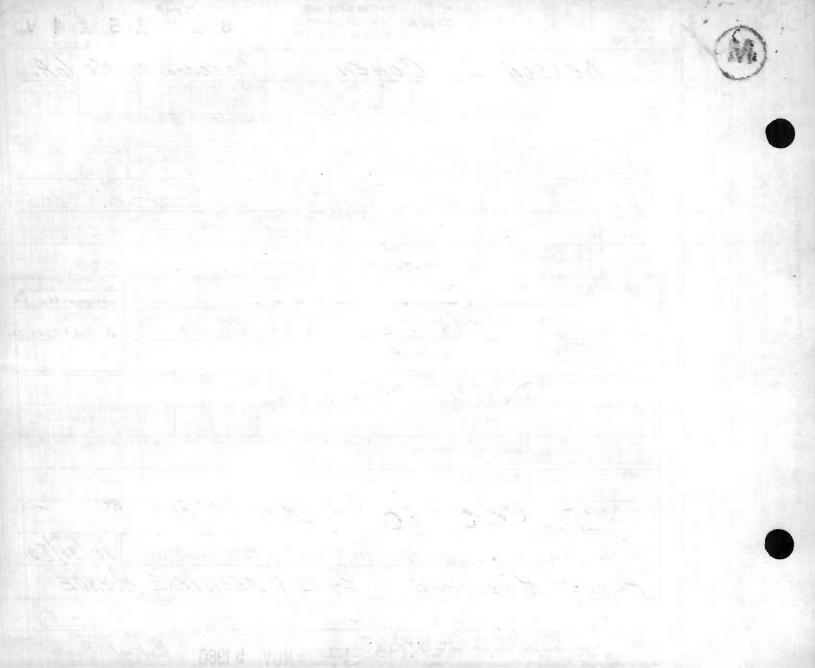
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ter d	3 SE	X	4 RACI	E		5. DATE C		YEAR	6. AGE (IN Y	EARS LAST BIRT	HDAY)	IF UNDER 1		UNDER 2	24 HRS MIN.
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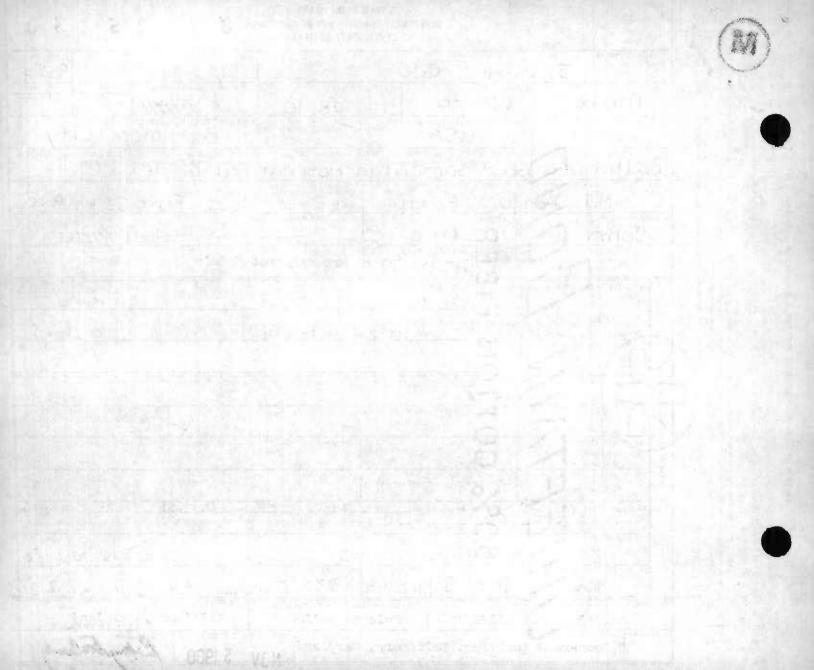


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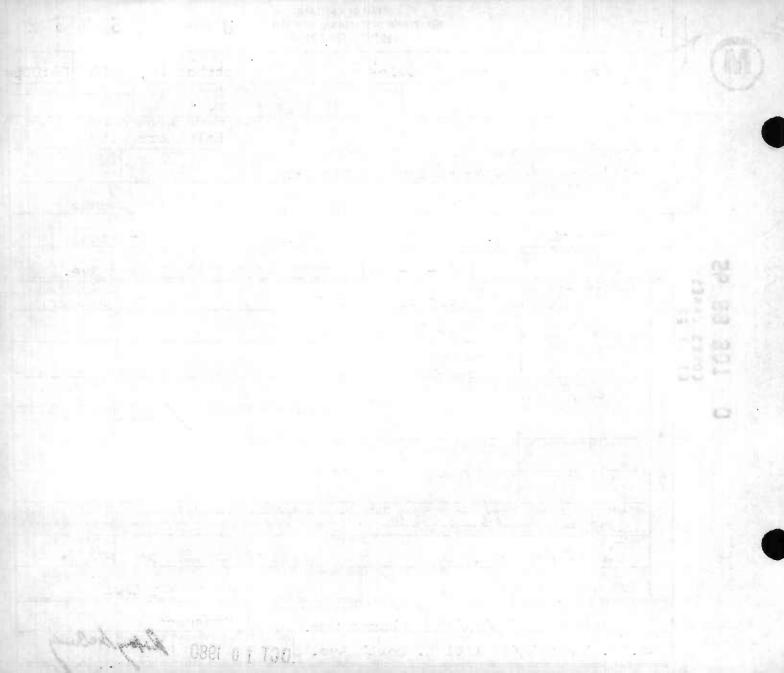
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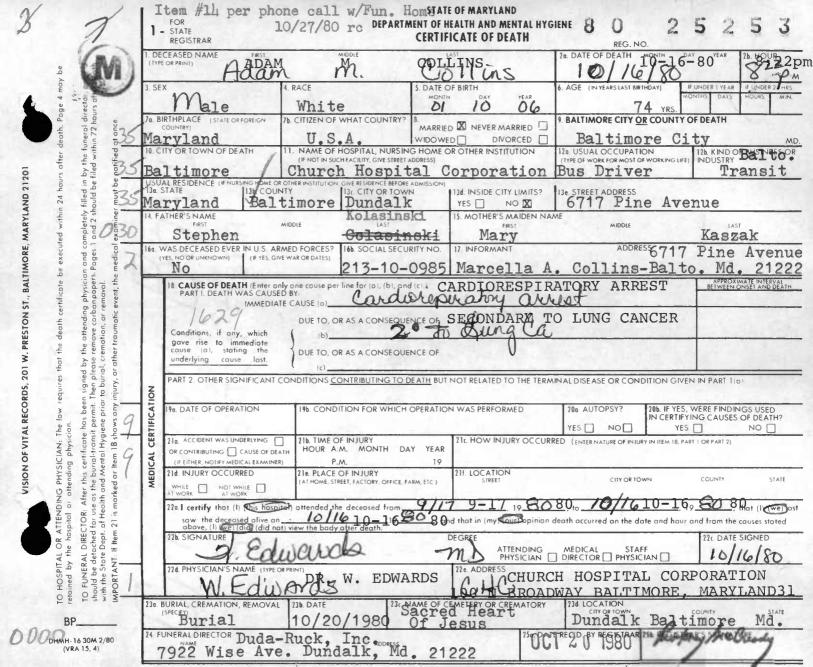




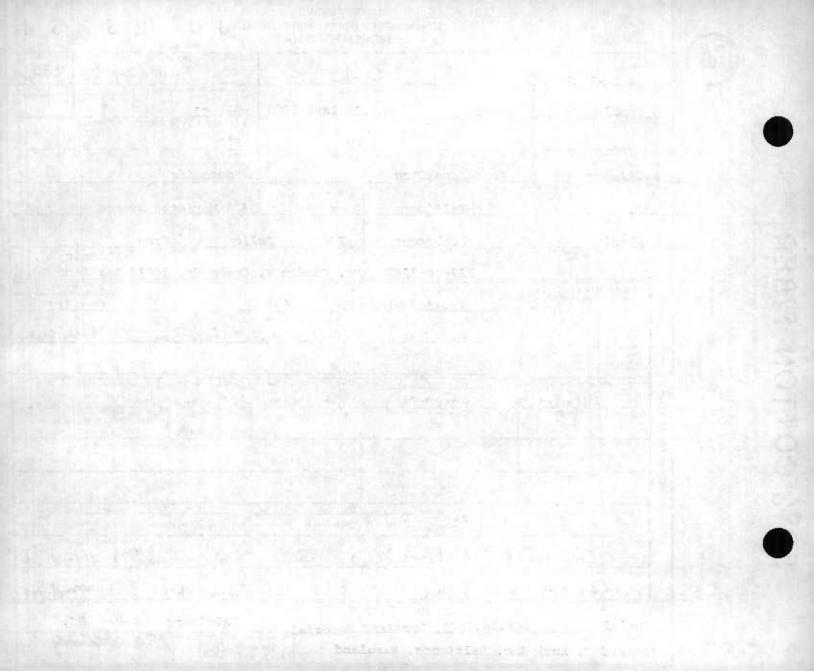


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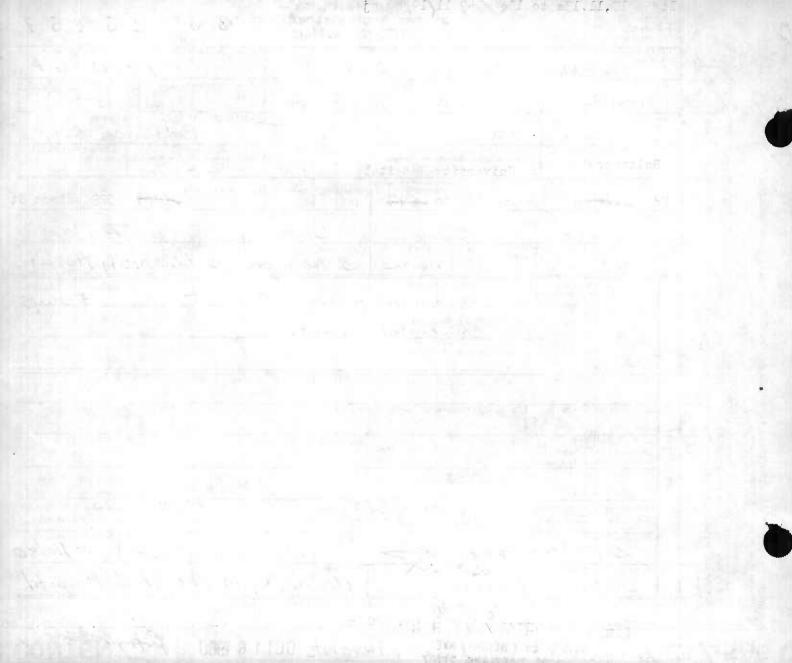
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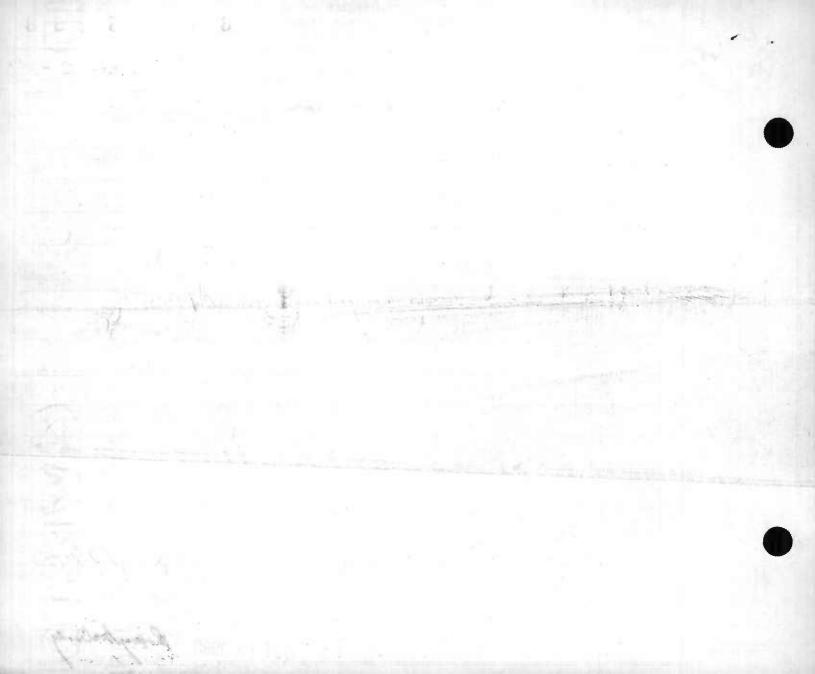
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ge 4 mm	3. SE	Female	RACE COL.	DATE OF BIRTH MONTH OAY 10-7-1894	6. AGE (IN YEARS LAST I	PIRTHDAY) IF UNDE	ER I YEAR IF UNDER 24 HRS. OAYS HOURS MIN.
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aND 21201 n 24 hours of filled in by hould be file	130 S	AL RESIDENCE (IF MURSING HOME OR O TATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	ISSION) I.M. INSIDE CITY LIMITS? YES X NO []	13e. STREET ADDRES	vervieu	v Rd.
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VST., BALI		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1 1111		Color 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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m 0 pego	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPE		20a. AUTOPSÝ?	IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH? NO
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DIVISION OF DING PHYSICIA or ottending pi After this certifi se os the buriolit solth and Mental marked or them	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211 LOCATION	curton:	OWN COL	ONTY STATE
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ITAL OR A by the hos RRAL DIREC e detoched store Dept.			arber at	DEGREE ATTENDING PHYSICIAN 222e. ADDRESS	MEDICAL ST DIRECTOR PHYS	AFF	1045-80
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	It		to 13e g549 11/19		45	
2	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	25257
1/	I. DE	CEASED NAME FIRST	MIDOLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
8 7		michae	1 Jerone	Cook	/	10/10/80 6 PM
age 4 min	3 SE	male	Black Black	S DATE OF BIRTH MONTH DAY YEAR 10 5 80	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
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by the fur	1.7	TY OR TOWN OF DEATH Haltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GME STREET University Ho	NG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 126 KIND OF BUSINESS OR
filled in uld be fill	13a. S		NOTHER INSTITUTION, GIVE RESIDENCE BEFORE NETY 13c CITY OR TOW Balto		13e. STREET ADDRESS	WA 529 Wilson St
MARYLAND 2 uted within 24 mpletely filled is and 2 should be dical examinen	14. FA	ATHER'S NAME FIRST Ern 18 +	MIDDLE COOK	15. MOTHER'S MAIDEN NA FIRST DO PO!	MIODIE	Taylor
rimore, e be exect an and co Pages 1 at the me		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b SOCIAL SECU E WAR OR DATES)	1 00	new, mp addre	In levs of Hospital
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DING PHYSICIAN: The law requires that the death cer strending physician. After this certificate has been signed by the attending pl ss the burial-transit permit. Then please remove carbon p th and Mental Hygiene prior to burial, cremation, or ren marked or Item 18 shows any injury, or other traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) CON GEN DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ital detects	AINAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
NI RECORD V: The law in the has been permit. The liene prior the shows any	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES □ NO□	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
I OF VITAI IYSICIAN: physician. physician. al-transit p ental Hygie or I tem 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJUR	PY IN ITEM 18, PART 1 OR PART 2)
DING PHY trending ph After this of the burial th and Men marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OF TOW	VN COUNTY STATE
TTEN al or a TOR Use f Hea			ital) attended the deceased from 10/10 19 19	80 and that in (my) (our) opinion DEGREE	Q, to death accurred an the do	19 80, that (t) (we) last ate and hour and from the causes stated
PITAL by the ERAL detac State [224 PHYSICIAN'S NAME (TYPE O	IR PRINT)	ATTENDING PHYSICIAN [MEDICAL STAI	IAN [16 /10/80
TO HOSF retained to TO FUNE should be with the Single Hose To FUNE	22-	Susan 1	numper	University NAME OF CEMETERY OR CREMATORY	123d LOCATION	rykind Hospital
1/0 > BP	230.	BURIAL, CREMATION, REMOVAL SPECIFY) BUTION	23b. DATE 5-80 23c	Auburn	CITY OR TOWN	county State
DHMH-16 25M (VRA 15, 4) 1/79	24 F	NAME 4900 LIE	ERTY HEIGHTS AVES	by Iteights OCT	1 6 1980	





Balto., Md.

FOR

24 FUNERAL DIRECTOR

Anatomy Board

DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STATE COUNTY 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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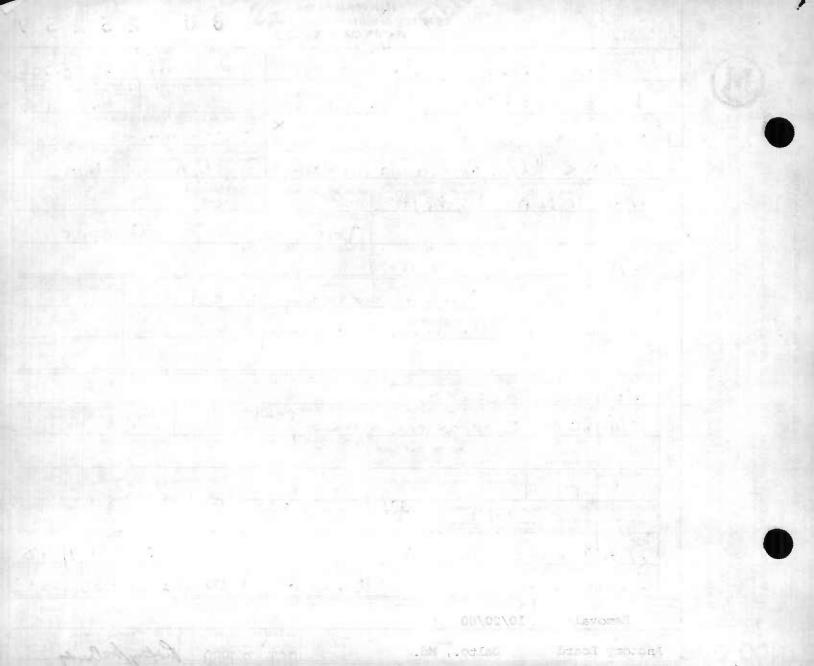
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126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

IF LINDER 24 HR



6	1 -	STATE REGISTRAR		DEPAR	CERTIF	EALTH AND MENTAL	HYGIENE	3 0 REG. N	2	5 2	6 0	
(M)		CEASED NAME FIRS		EPH		COOPER		TE OF DEATH	MONTH	DAY YEAR D9 80	26 HOUR 12:30AM	
	3. SEX	MALE	4 RACE BL	4 RACE BLACK		OF BIRTH	6. AGE	6. AGE (IN YEARS LAST BIRTHOAY) IF L. MON			UNDER I YEAR IF UNDER 24 HRS	
Olong Transport		ORTH CAROLIN	A U.	F WHAT COUNTRY	MARRIE		BA	PALTIMORE, CITY 120. USUAL OCCUPATION 12b. KIND OF			MD. PF BUSINESS OR	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours natending physician and completely filled in by os the buriol-transit permit. Then please remave carban papers. Pages I and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal.	NO	18. CAUSE OF DEATH (En PART I. DEATH WAS C. IMM) Conditions, if ony, white gove rise to immedia cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICATION (E. P. C. T. C.	EDIATE CAUSE (o)_ DUE TO, the tense are $\left\{\begin{array}{c} (b)_{-} \\ (b)_{-} \\ (c)_{-} \end{array}\right.$	OR AS A CONSEQ	UENCE OF	NOT RELATED TO THE 1		ISEASE OR CON	IDITION GIV		norths	
he low re on. hos beer r permit. ene prior	CERTIFICATION	JULY 1980	196. CON	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				AUTOPSY?	S, WERE FINDING CAUSES	FRE FINDINGS USED G CAUSES OF DEATH? NO		
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AL OR ATTENDING the hospital or a rate the hospital or a freeded for use as te Dept. of Health T. If Hem 21 is morth		22a. certify that (E(this sow the deceased alimater) (did)	re an 10-0	9 19	80 , or		80, ta,	10-09	ote and hou	19_80	that (X (we) last causes stated	
O HOSPITA O HOSPITA TO FUNERA should be d with the Sto		22d. PHYSICIAN'S NAME , Kenneth	TYPE OR PRINT) B Kass	ermy)	Loch Ray	ven	Vetera	ns	Hospi	Al Bal	
30/BP	13	URIAL, CREMATION, REMO	23b. DATE	. /	NAME OF C	EMETERY OR CREMATO	1	CITY OR TOWN		COUNTY 2	STATE-1	
DHMH-16 30M 2/80	19	NERAL DIRECTOR	Harm 1	1 / 1 ADDRESS	100.00	25a.	DATE REC'D	BY REGISTRAR	25b. RE-3	15 5	Judy	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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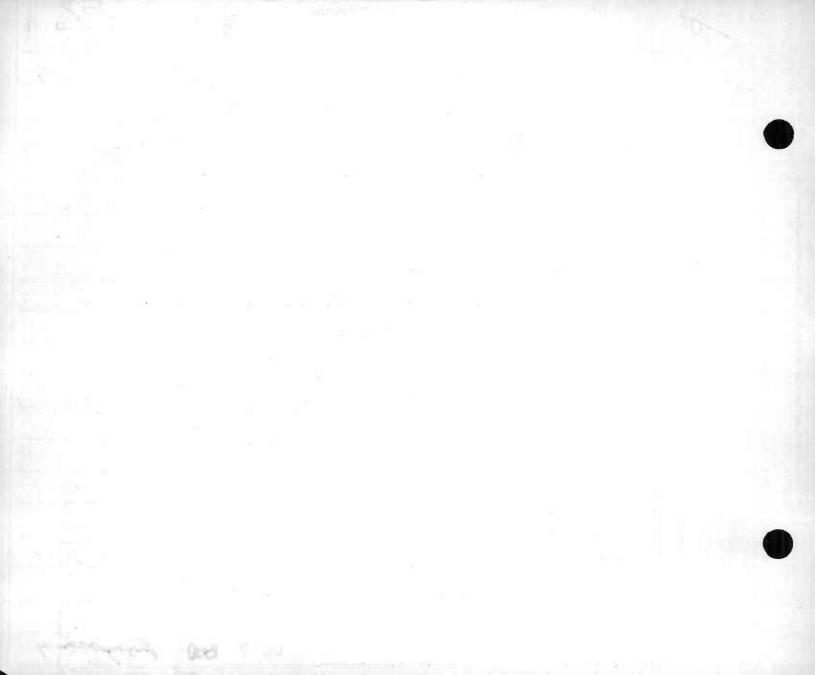
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN STATE MEDICAL EXAMINER'S CERTIFICATE O REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-Raymond DEATH MATED 10 Cotton 20 1980 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 10 80 male black. 3:55A 20 29 07 73 DEAD To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TI NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED L DIVORCED Baltimore City

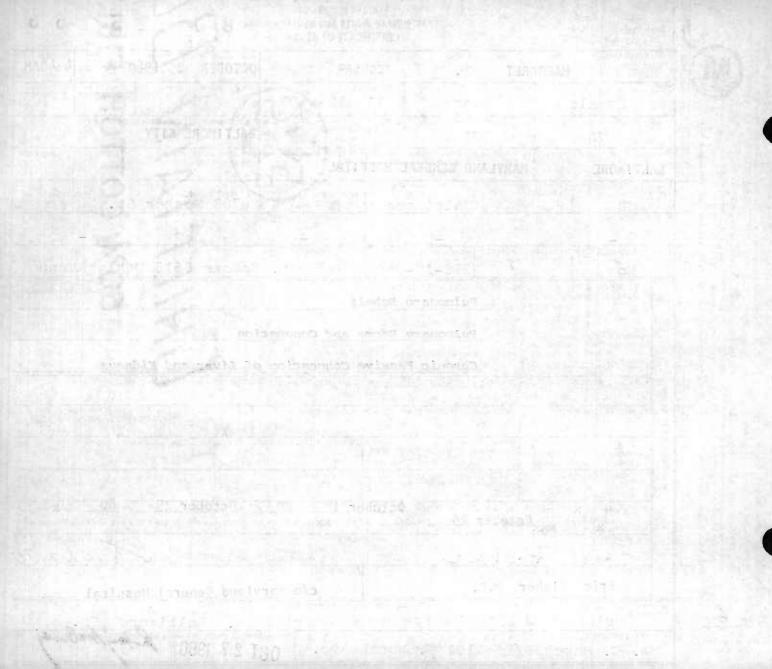
120. USUAL OCCUPATION (17PE OF WORK 12b. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Johns Hopkins Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 2215 E. Biddle Street Baltimore YESX NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Cotton MIDDLE John Cotton Mary Jones 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) 220-09-6068 No 2215 Biddle Street Alberta Cotton 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF NOXX BE BURI 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK AT WORK Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Homicide Undetermined monner DATE 10/20/80 ACTUAL TO FUNERAL E
AFTER DEATH,
BALTIMORE, MA SIGNATURE MEDICAL EXAMINER Hormez R. Guard M.D. EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY)Burial 10/24/80 Mount Calvary Baltimore MD BP 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR 24. FUNERAL DIRECTOR 1101 E. North AVe DHAAH - 17 R A 15 ME (51) Wm. 6. March Funeral Home Inc.

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



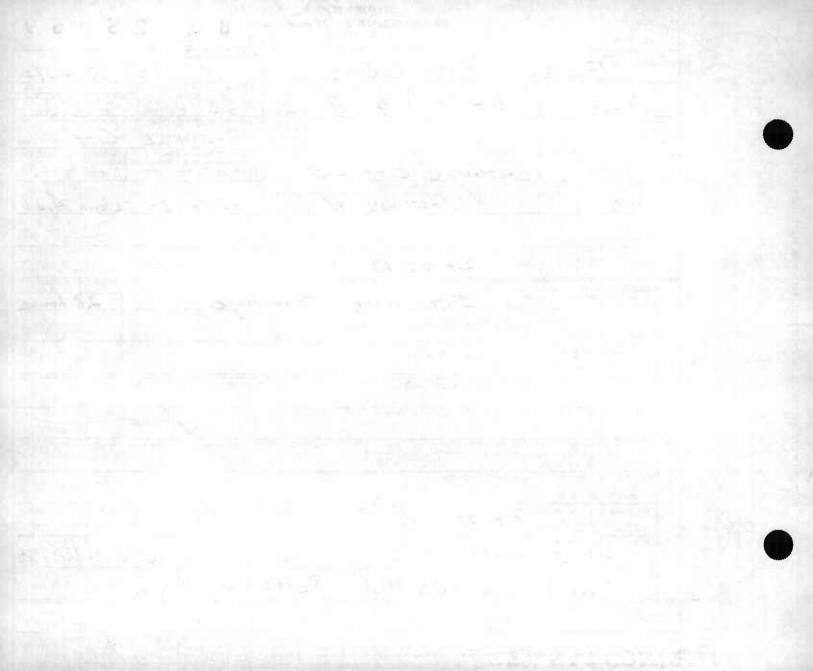
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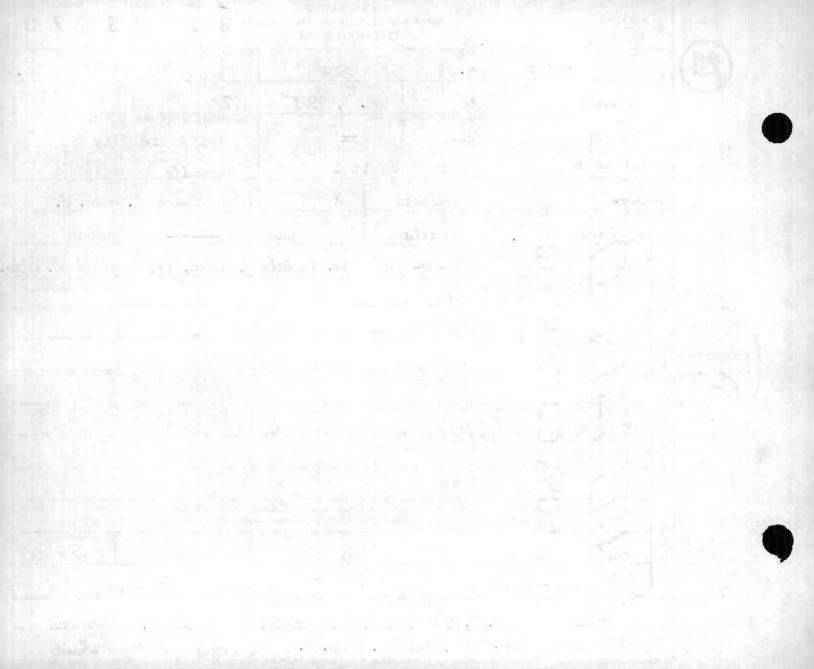
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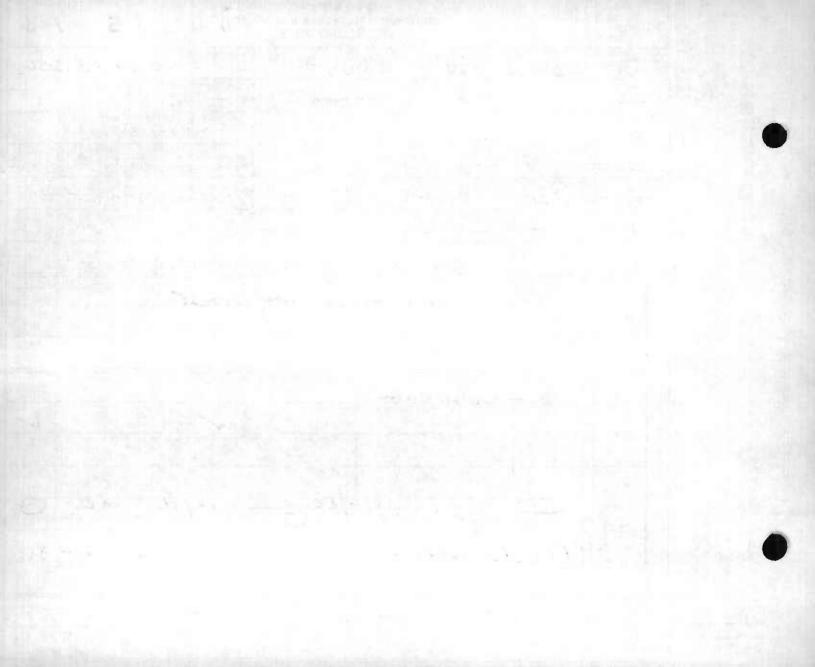


DEPARTMENT OF HEALTH AND MENTAL HYGIENE SA FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2g DATE OF DEATH . DECEASED NAME MONTH TYPE OR PRINT 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH MONTH YEAR 9 20 68 TO BIRTHPLACE ISTATE OR FOREIGN WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Spartansburg Co, SC. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Provident. RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g STATE 13e STREET ADDRESS 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Balto 1602 Ashburton Street YESXX Mo 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Davis Mattie John Crawford 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS. 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 1602 Ashburton Street 218-10-2287 Annie Crawford WWII Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE CAR NON-Ketotic COMA. Conditions, if any, which gove rise to immediate couse 101, stoting INSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE I'm I certify that ill (the haspital) attended the deceased from saw the deceased nd that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove (I) (we) (did DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN be de 22e ADDRESS d b MPORT 马卡 230 BURIAL, CREMATION, REMOVAL BUT 121 23c NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery MEDATE COUNTY 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Wm.C. March Funeral Home Inc. 1101 E. North Ave OC (VR A 15 (4))

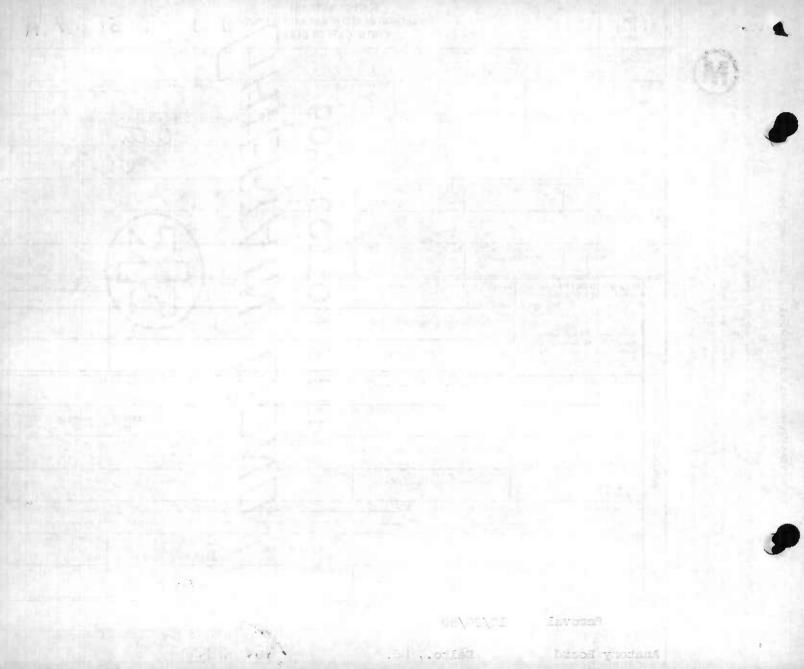
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH 7b. HOUR William (TYPE OR PRINT) 80 DWIA 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH YEAR HOURS White Male 7/1/1909 71 vrs. La BIRTHPLACE STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Baltimore City Maryland U.S.A. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Baltimore City Hospitals Helper-Open Hearth Steel Mfgr. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURS WE OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Balto Dundalk 7306 Martell Ave. 21222 Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Crout Robert Benton Welch Florence Mae 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b SOCIAL SECURITY NO (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213.07.2320 Eva Frances Crout (Wife) Same as 13e No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION DITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION ŏ CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital attended the deceased from sow the deceased alive on_ our) ppinion death accurred on the date and hour and from the causes stated and that in (my) above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL h the State PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY Cremation Baltimore 10/6/1980 Green Mount Crematory Maryland 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Walter Brooks Bradley, Inc., Dundalk, Md. 21222 (VRA 15(4))

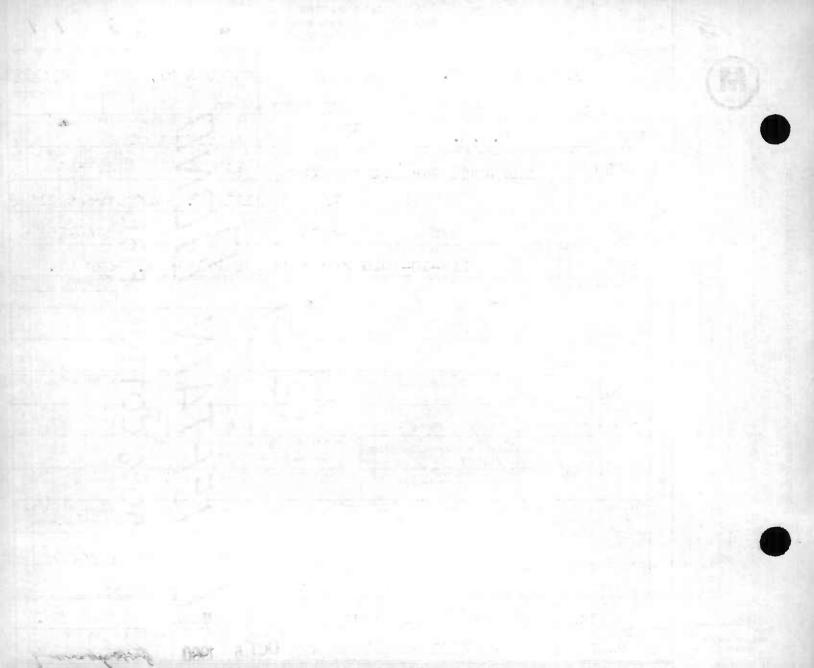


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT 12:3 ERNEST 6 AGE (IN YEARS LAST BIRTHDAY HOURS STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH DIVORCED DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE COROI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY robablo Vontricular IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Coro naus discase arteur Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 CERTIFICATION berlan scon Carotal Endartereafor Transcord derosis - Less 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 78n AUTOPSY? 20b. IF YES, WERE FINDINGS USED p à IN CERTIFYING CAUSES OF DEATH? Occlusive disease Left Carofidaly NOS YES [NO F 716 TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) entol Hy $\frac{1}{2}$ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION ŏ 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased f , and that in (my) (ar) apinian death accurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING -MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be MPORT 23 NAME OF CEMETERY OR CREM 230. BURIAL, CREMATION REMOVAL 236. DAT DHMH - 16 60M 1/75 (VRA 15 (4))

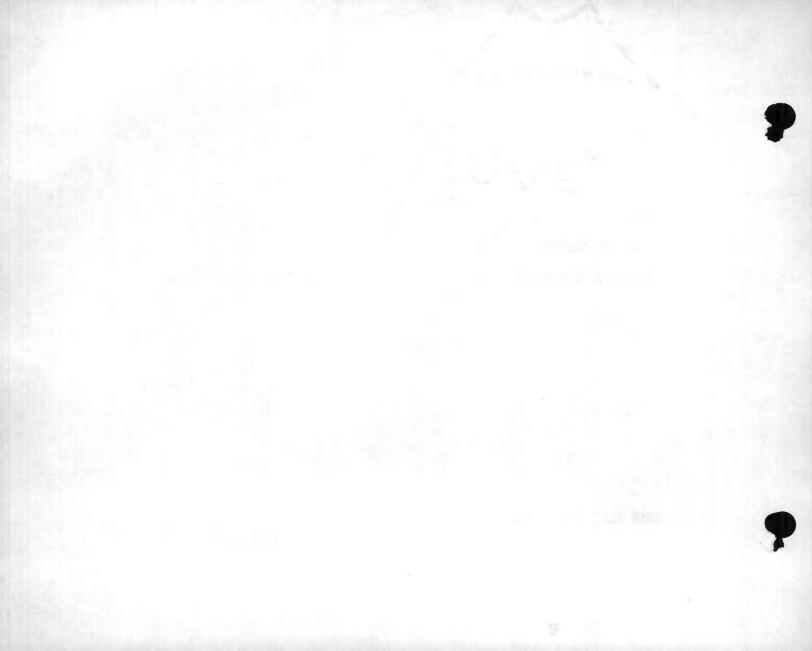
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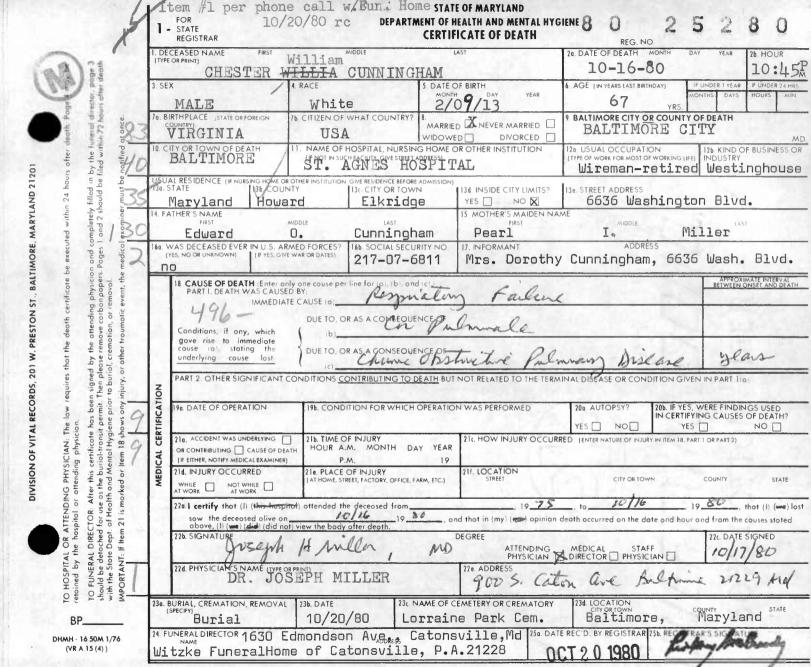
NAME: Charles Cummings

DATE OF DEATH: October 23, 1980

PLACE OF DEATH: Baltimore City SEE: #80-25276

Baltimore City

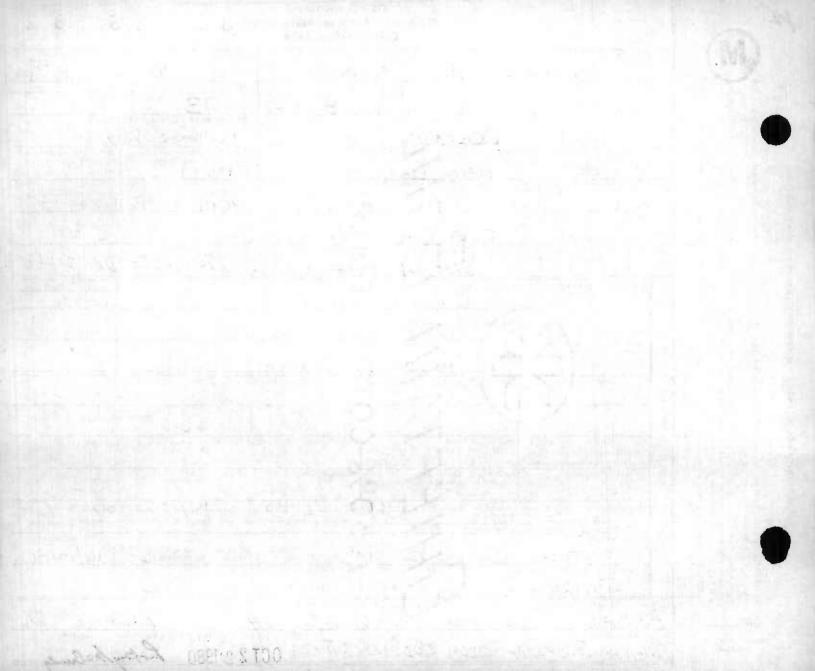




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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR a DATE KNOWN DECEASED NAME FIRST MONTH 2b. HOUR (TYPE OR PRINT) 18 , 80 10 Nathaniel E. DEATH MATED Curry Sr. IF LINDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR 2c. DATE 7d HOUR 8:45 YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 10 18 ..80 Male Black 4 3 40 40 DEAD Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City USA MD. DIVORCED PAGE 5 IN CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17g USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! University Hospital Baltimore ISUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3a STATE 13b. COUNTY Baltimore 1123 W. Mulberry Street MD YES S NO [2 SI 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST McMillian Otha Curry Nancy 16n WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17. INFORMANT ADDRESS HYGIENE, DIVISION (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) No Bernice Curry 1210 H. Ct. Apt. A-Z 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Intra-Cerebral Hemorrhage IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? (head only) TO BURIAL, BE. 71g EXTERNAL CAUSE WAS 71b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, If LOCATION STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK PAGE STATE [21201 Chead only) DIRECTOR: I WITH THE S 220. I certify that I taak charge of the remains described above, held an Inspection Homicide Undetermined manner death resulted fram: Natural causes Accident TITLE (SPECIFY) 10-19-80 DATE Assistant PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALLIMORE, MA SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. 23d. LOCATION 730 BURIAL CREMATION REMOVAL 736 DATE 73c. NAME OF CEMETERY OR CREMATORY COUNTY Maryland Baltimore 10/25/80 Baltimore Cemetery Burial 250. DATE REC'D, BY REGISTRAR 25b. REC 74 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Wm. C. March Funeral Home Inc. 1101 E. North Ave 15M7/76

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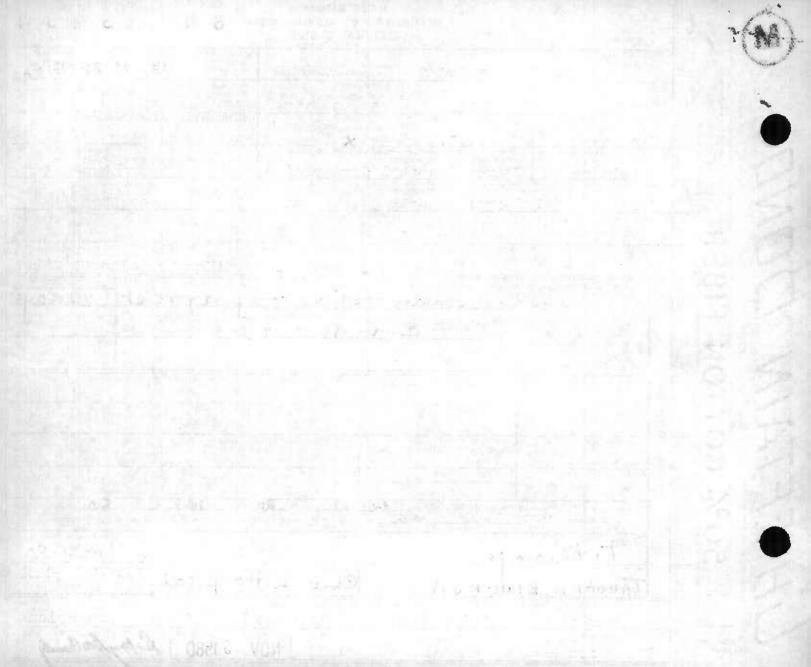
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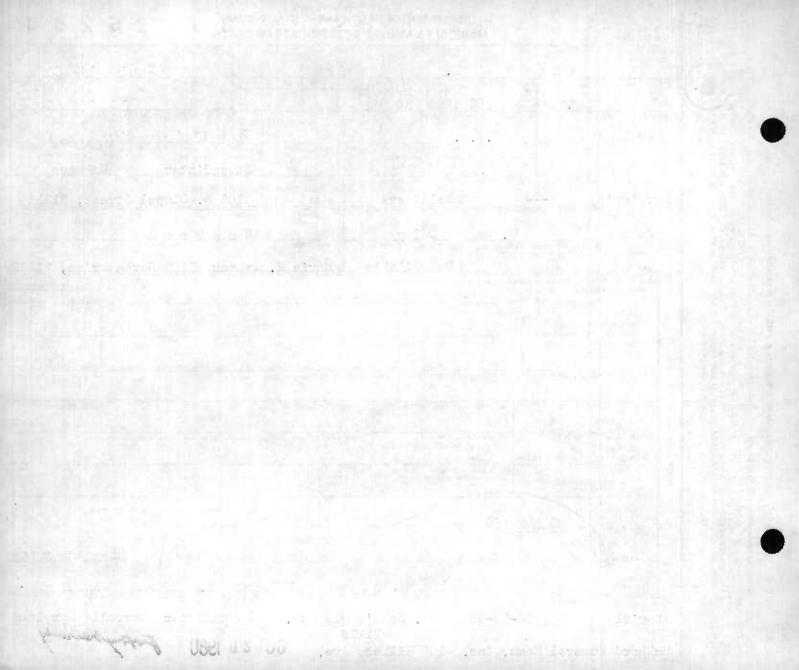
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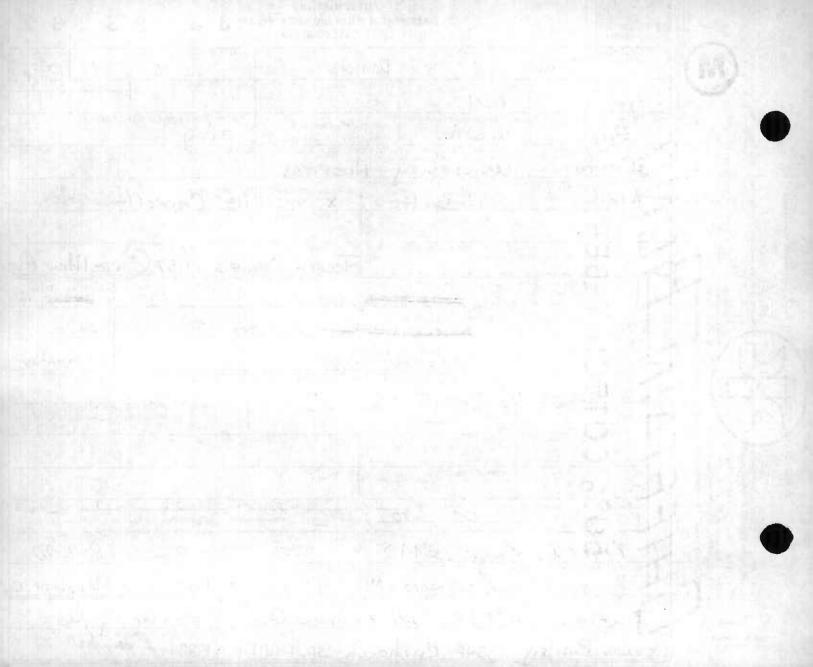
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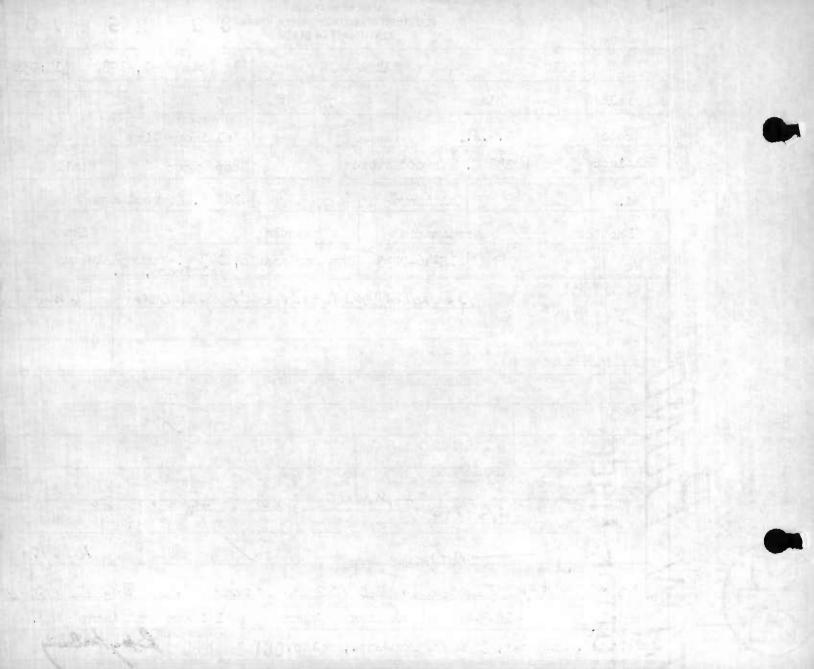
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-		1.	STATE REGISTRAR	DEPAKI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	5 2 8 9				
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	V = 0 T	1	22b. SIGNATURE	9 91 and To N	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED				
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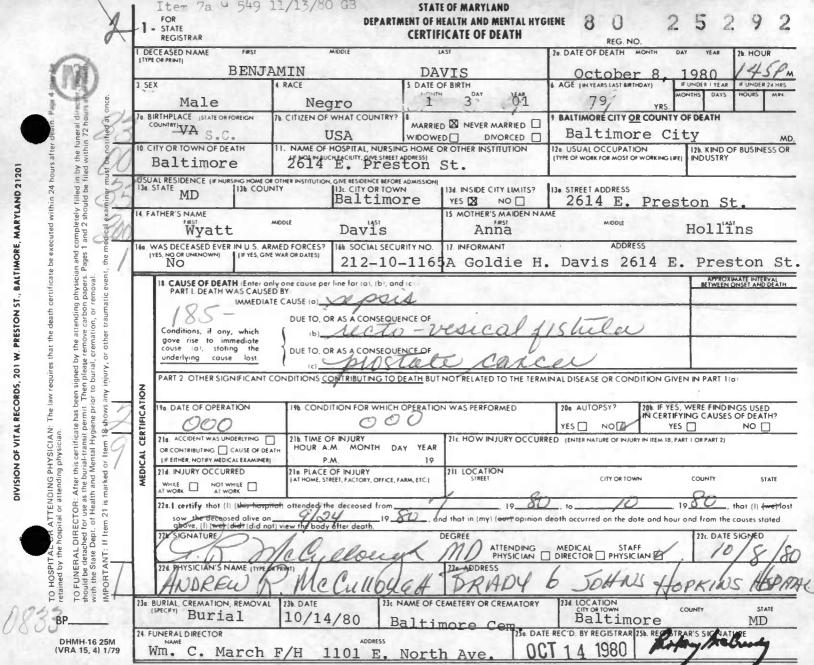


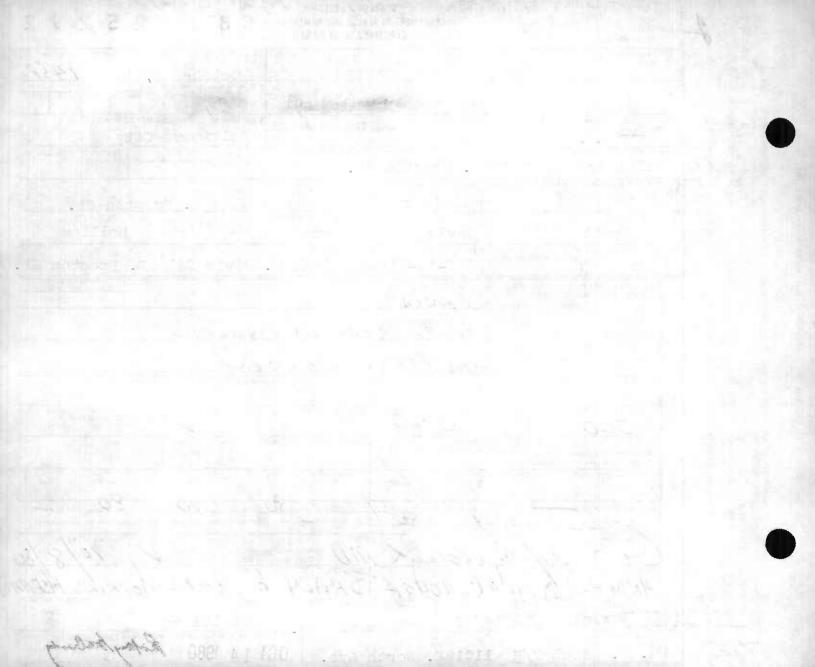
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in and co	160 V	vas deceased ever in u res, no or unknown) No	.S. ARMED FORCES? ES, GIVE WAR OR DATES)	212-46-0		Eva Dardam	anis, <u>l</u>	ADDRESS 48 N. Ke		od A	veni	ıe
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The law requires that the deoth certificate be executed within 24 haurs a catending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. Only the medical examiner fination of the medical examiner fination orked or them 18 shows any injury, or other troumotic event, the medical examiner fination orked or them.		Conditions, if any, whi gave rise to immedia cause (a), stating to underlying cause lab	DUE TO, O ch te he both str. (c)	PANTE AS A CONSEQUE ON TRIBUTING TO I	ENCE OF	NOT RELATED TO THE T		,				Mile
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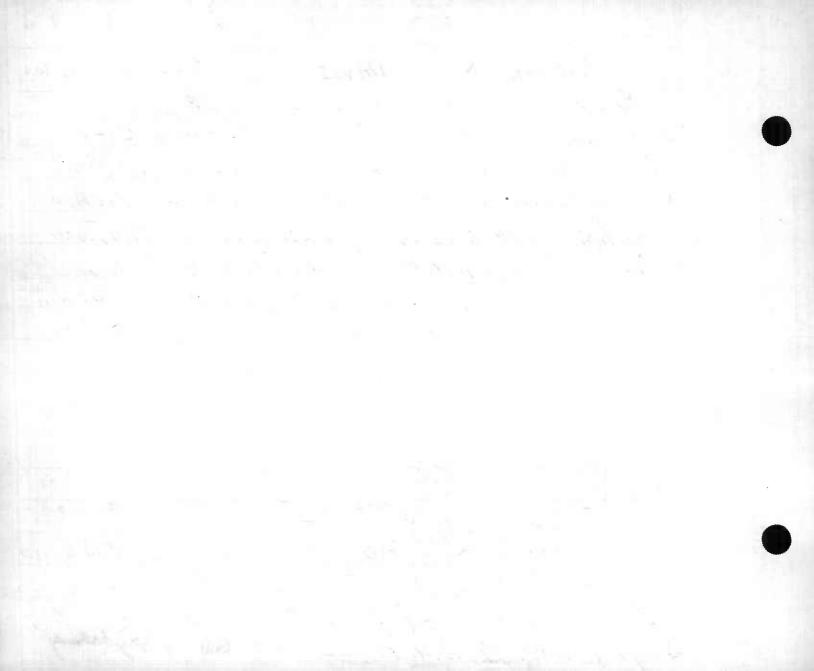
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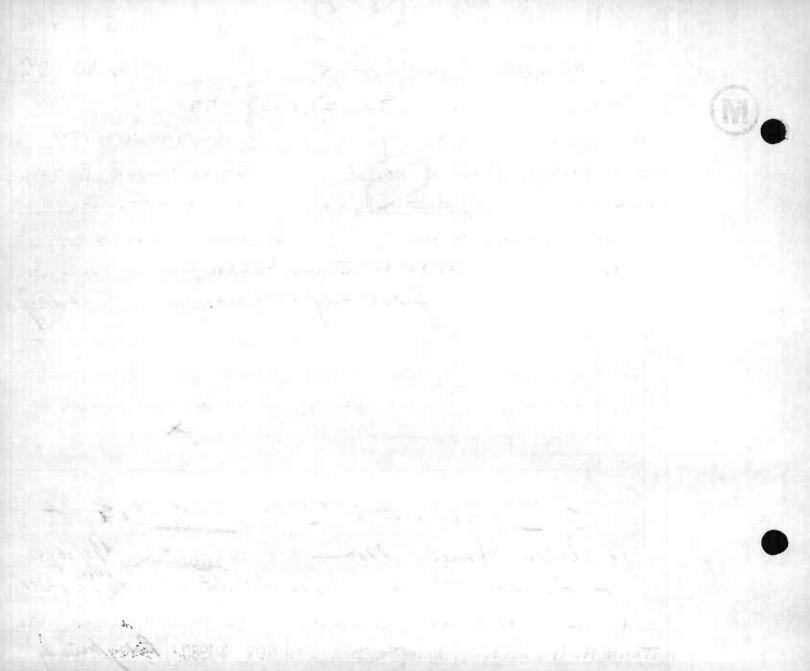




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2		1			STATE OF MARYLAND			
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	(VR A 15 (4))	T	OHN H. HAR	KINJ, 600 MAI	ST. DELTA, PA NO	OV 3 1980	perform Nach	ody



1101 PESS North Ave.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

FOR

24. FUNERAL DIRECTOR

Wm. March F/H

DHMH-16 30M 2/80

(VRA 15, 4)

- STATE

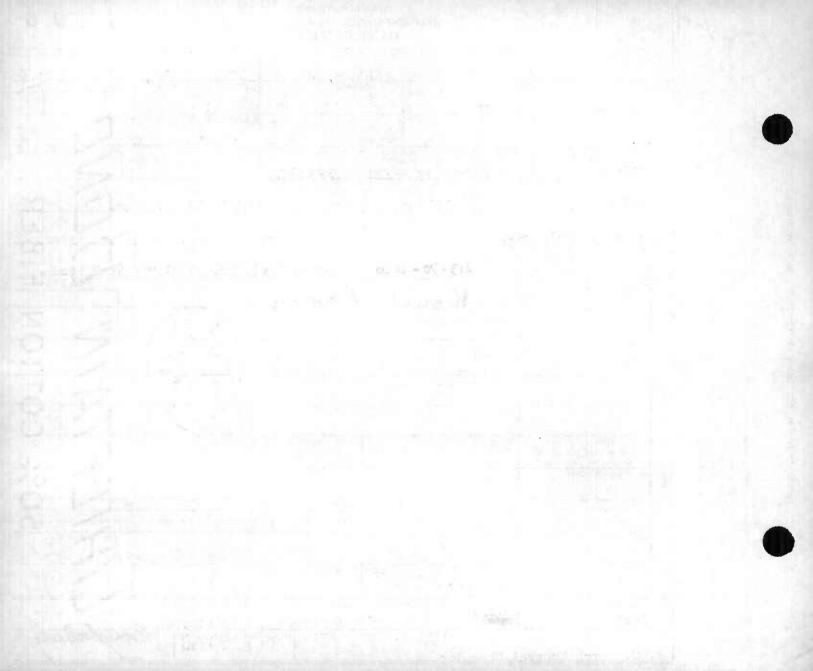
. o. I. = 241 C. Dalley Court

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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thin 24 hou y filled in bould be file	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER DESTRUCTION CAN SEE DENICE SEEDS	EADMISSION INSIDE CITY LIMITS?	1/2. STREET ADDRESS	RKSHIRE RD
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sw requires een signed I Then pleas or to burial any injury,	No.	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)
The la	CERTIFICATION	1% DATE OF OPERATION	(% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20	IN IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
G PHYSICIAN ding physician. er this certificat sburial-transit phod Mental Hygisked or Item 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART I ORPART 2)
ENDING PHYSICIAN: or attending physician. DR: After this certificate e as the burial-transit p eat the and Mental Hygis is marked or Item 18:	MEDICAL	2(d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21F LOCATION	CITY OR TOWN	COUNTY STATE
F O O SH T	A		tal) attended the deceased from 19 G	10/25/20, 19 50 , and that in (my) (our) opinion	death occurred on the date	ond hour and fram the causes stated
by the hospital by the hospital by the hospital ERAL DIRECT a detached for use State Dept. of I tem 2		22b. SIGNATURE	L roman	DEGREE MBAPTERIDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	222. DATE SIGNED (0/30
HOS sined FUN uld bo		BHUPINDER	40 . 4 . 5	170 ADDRESS UNIV OF	MD HOSPIT	AL BALTO.
Bb To Shiring Management	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN BALT	COUNTY STATE
02 DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 256	

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6	FOR STATE REGISTRAR	DEPARTMENT OF HEAL	TH AND MENTAL HYGIENI ATE OF DEATH	8 0 2	5 3 0 0
e ω£	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST	20	DATE OF DEATH MONTH	DAY YEAR 25 HOUR
page 3	RONAL			10	26 80 12:33
ors ofter	3. SEX Male	Write 5. DATE OF BI	24 96	GE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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by the fu	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OF O	THER INSTITUTION 120	USUAL OCCUPATION PE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
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pletely nd 2 sh	14 FATHER'S NAME John		MOTHER'S MAIDEN NAME	MIDDLE	Phillips
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nysicia appers aval. nt, the	18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUS	only one couse per line for (o , (b), and ic		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ifter this of as the burth and Me	OR CONTINUOUS CAUSE OF DE LIFE THERE, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DAODE		pital) attended the deceased from	. 19,	to	19, that (I) (we) lost
OR ATTEN te haspital DIRECTOR, sched far us Dept. af He f Item 21 is		ot) view the body after death.		h occurred on the date and ha	
Te etc	22b. SIGNATURE	H:) DEG	ATTENDING M PHYSICIAN DI	CCW . Residen STAFF RECTOR PHYSICIAN	10 26 80
HOS uined build b	22d. PHYSICIAN'S NAME (TYPE		e ADDRESS O S. CATON	AVE. BALTIM	ORE.MD.21229
BP	230. BURIAL, CREMATION, REMOVA (SPECIFY)	10/29/80 236. NAME OF CEME 236. NAME OF CEME	L Cementery	Baltimone Anne	
NH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR CUA	ly Funeral Home of Brook to Avenue Baltimone, M	RLUN 250. DATE REC	C'D. BY REGISTRAR PIN HILL	by reliety

SOUR S. CATON AVE. TALTINGUE, MY . 2022 The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) ESTI-PAIIT. M. DEEGAN 80 DEATH MATED 10 19 3 SEX 4 RACE AGE (IN YEARS | IF UNDER TYR. IE LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 10 80 male white 10 DEAD a An BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland Baltimore City DIVORCED AGE S FILED, IN CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore St. Agnes Hospital RETAIN P onstruction USUAL RESIDENCE (IF IN NIRSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) N31 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Bultimore YESXX NO Anbutu 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME LAST FIRST ALIDDLE James M. Deegan

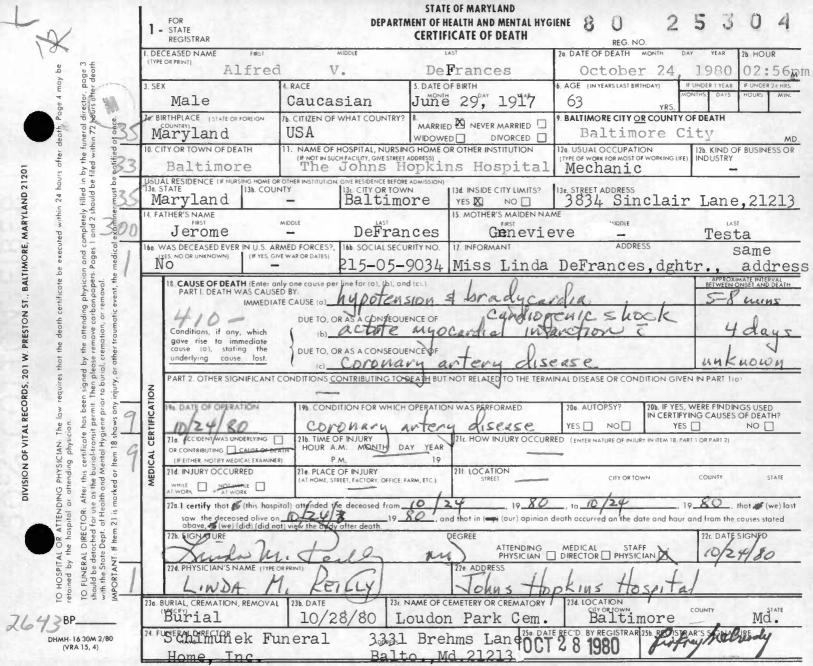
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. DIVISION WITH FO YES, NO, OR UNKNOWN) Deepan 1015 Dounton 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL, YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR MEDICAL Subject stabbed during argument. CONTRIBUTING CAUSE OF DEATH PRIOR 1 21e. PLACE OF INJURY (AT HOME, RWARDED PAGE 3 SH STATE DEPA 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 500 blk. S. Monroe St., Balto. WHILE AT WORK street Md. PAGE 4 SHOULD BE 100 TO UNERAL DIRECTOR: PAFER DEATH, WITH THE STORE AFTER DEATH AND STORE AFTER DEATH 220. I certify that I took charge of the remains described above, held an Inspection Homicide XX Undetermined manner death resulted fram TITLE (SPECIFY) DATE Assistant 10-5-80 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23r NAME OF CEMETERY OR CREMATOR 25a. DATE REC'D. BY REGISTRAR 134 RECEDE emeteru 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5) Ambrose Juneral Home 1328 Sulphun 15M 7/76

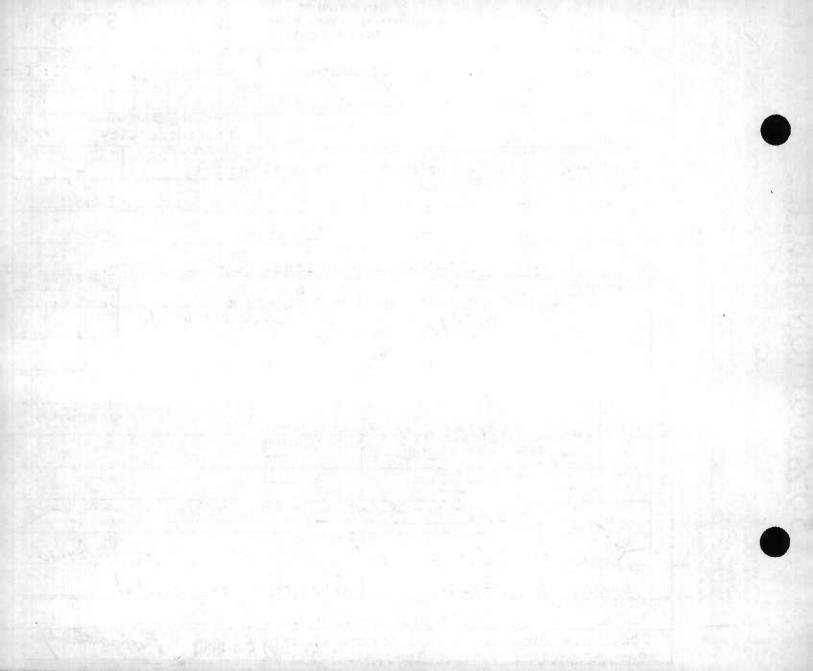
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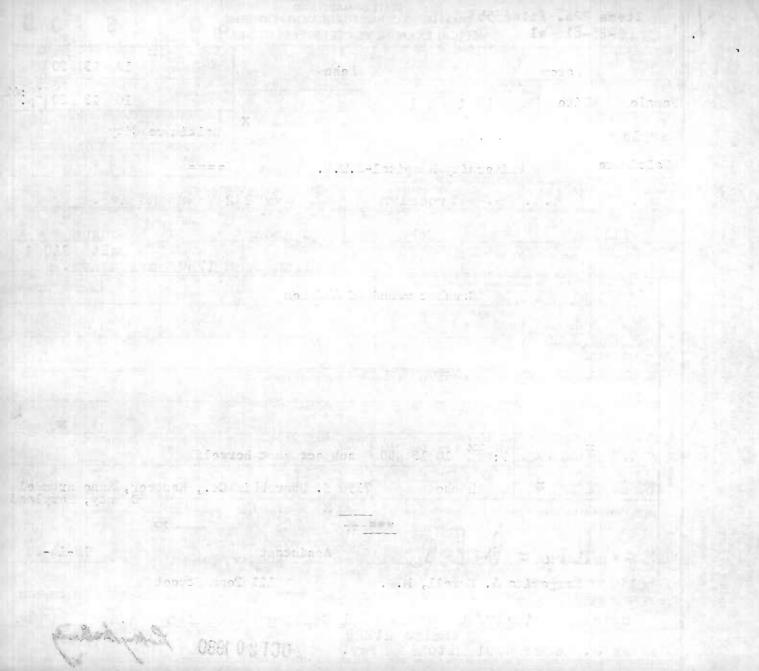
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oge 3 deoth	DECEASED NAME FIRST (TYPE OR PRINT) Walter	MIDDLE De	efibaugh	October 25	DAY YEAR 26. HOUR , 1980 03:15 AOD
oge 4 mb)	Mahe	4. RACE	5. DATE OF BIRTH PLANT 1918	6. AGE '(IN YEARS LAST BIRTHDAY) 6. YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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intector. Attaction of the office of the object of the obj		itol) ottended the degeosed from	, and that in (my) (our) opinion DEGREE	deoth occurred on the date and ha	, 19, that (I) (we) lost ur and from the couses stated
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16 30M 2/80 A 15, 4)	BUNIAL 24 FUNERAL DIRECTOR	10-28-80 Bez	tt City, May 250. DAT	E REC'D. BY REGISTRAR 256. REGIS	TRAN'S SIGNATURE

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4.	REGISTRAR -25-81	al MED		IER'S CERTIFICATE O	FDEATH REG. NO.	3 0 0 0
	EASED NAME FIRST		MIDDLE	LAST	OF ESTI-	NTH DAY YEAR 26. HC
	Karen	1		Dehn	DEATH MATED	13 19 80
3. SEX	4. RACE	S DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD	ARS IF UNDER 1 YR. IF UNDER	MIN PRONOUNCED	10.
	male White		1963 16 v	menne onto	DEAD	to 13 19 00 P.
	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WH.		8. MARRIED NEVER MARRI	9. BALTIMORE CITY OR CO	
Ma	ryland	U.S.A		WIDOWED DIVORCE	Baltimore Ci	•
В	YORTOWN OF DEATH	Universi	Lty Hospita	E, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF W. FOR MOST OF WORKING LIFE)	OR INDUSTRY
13e. S1	L RESIDENCE (IF IN NURSING HOME OF ATE 136. GOUN	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 136. CITY OR TOWN Brooklyr	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 232 Townsend.	Ave.
14. FA	THER'S NAME			15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
)	William	MIDDLE	Dehn	Sharo		Soukup
	AS DECEASED EVER IN U.S. AR.		166. SOCIAL SECURIT			Balto 21061
N		WAR OR DATES)		William	Dehn 1739 Marl	
	18. CAUSE OF DEATH (Enter an	nly ane cause per line f	ar (a), (b), and (c),)	14477777	Denni 1/ // Mail	APPROXIMATE INTERVA
	PART I DEATH WAS CAUSE			nd of Abdomen		BETWEEN ONSET AND DE
	Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.	DUE TO, OR A	AS A CONSEQUENCE			
z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PAI	T 1 (a).	
ATIO	190. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPER	RATION WAS PERFORMED?		20. AUTOPSY?
FIC						YES 🔀 NO
CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF			CENTER NATURE OF INJURY IN ITEM 18 PART 1	
ALC	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 7:00 M	10 13 180	subject shot	herself	
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×	WHILE NOT WHILE AT WORK		ORY, FARM, ETC.)	7390 S. Dunroh	bin Ct., Hanover	Anne Arunde
	220. I certify that I taak char	ge of the remains desc	Alternation of the Control of the Co	Autopsy X, Inspection		ounty, Marylai
	ACTUAL W.O.A.	nite Rel	Kn/00	TITLE (SPECIFY) Assistant	MEDICAL EXAMINER S	ATE 10-14-80
	ACTUAL NOY	rite Del	orell, M.D.	M.D. Assistant		ATE 10-14-80
230. B	ACTUAL W.O.A.	arita A. Ko		M.D. Assistant	MEDICAL EXAMINER S	IGNED
23o. B	EXAMINER'S NAME Marga	arita A. Ko	23c. NAME OF GE	M.D. Assistant	MEDICAL EXAMINER S L1 Penn Street [23d. LOCATION CITY OF TOWN	



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1101 E. North Ave.

FOR

REGISTRAR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

Wm. C. March F/H

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b. HOUR

IF UNDER 24 HRS

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STATE

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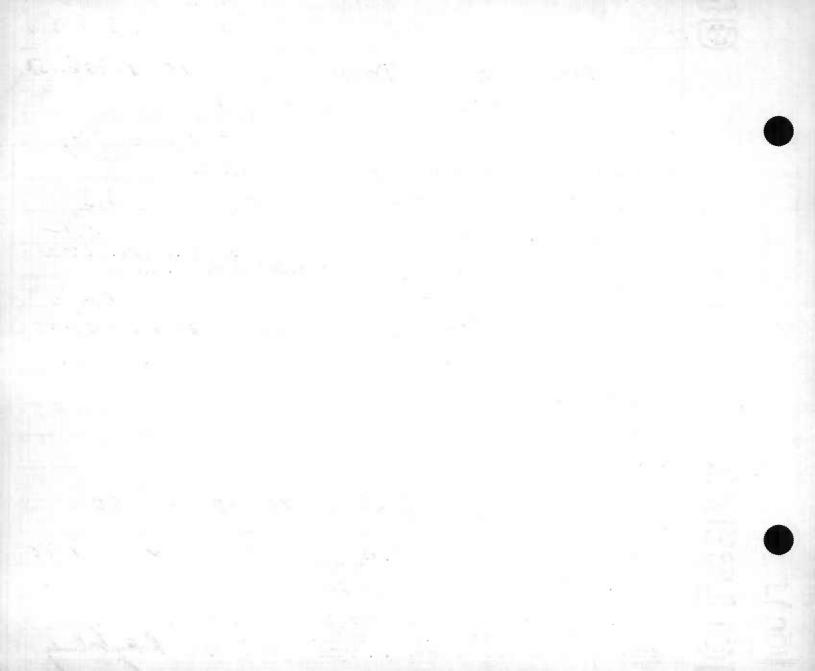
1630 Edmondson Ave Catonsville, Maryland 2122

ALTIMORE ST AGNES HOSPITAL SVALTA STREET AND THE William Forton William April 1822

Witzke Catonsville Funeral Home, P.A. 21228

(VRA 15, 4) 7/78

1980



ROBERTECER. ALTENBURG FUNERAL HOME. INC.

6009 Harford Rd., Balto., Md. 21214

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

U. B. WALL RESERVE UND STREET IN W. Bulletin R. . n. h. h. may I was I conde lines to man ... Cit. Chorde J. Manerac Deputation and the E Section Ventage Land Company 2. The same of the Market Committee of the . IN StimultA on Diet eval sant to the Met Singly Interest DE L'INTERNATION DE L'ANGELLE L'ANDERS DE - 186 LIT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
1	1 DECEASED NAME FIRST (TYPE OR PRINT) Paul	MIDE	DLE .	Dial	October 3,	1980	2ь нойя 9:53a м			
1	3 SEX Male	4 RACE White		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	IF UNDER 24 HRS. HOURS MIN.				
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina	U.S.A.	MA	RRIED NEVER MARRIED DIORCED DI	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City		MD			
8	Baltimore	Mary lar	acility, give street address	Hospital	120 USUAL OCCUPATION (IYVE OF WORK FOR MOST OF WORKING LIFE) Hat Maker 12b. KIND OF BUSINES INDUSTRY Levys Hat					
3	USUAL RESIDENCE (IF NURSING HOM 130. STATE 13b. CC	DUNTY 13	e residence before admiss c. CITY OR TOWN lighlandtow	713d. INSIDE CITY LIMITS?		STREET ADDRESS 13 S. Highland Ave.				
0	14 FATHER'S NAME FIRST John	MIDDLE	Dia1	is mother's maiden na First Kathryn	MIDDLE		adham			
1	160 WAS DECEASED EVER IN U.S. [YES, NO OR UNKNOWN] (1F YES,	GIVE WAR OR DATES)	social security N 24-01-8942		al 313 S. Highland Ave.					
	PARTI. DEATH WAS CAL	r anly ane cause per line JSED BY: Pul	e for (a), (b), and (c).) monary Art	Pulmonary Emboli cery	ism to main	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH			
	DUE TO, OR AS A CONSEQUENCE OF Extensive Metastatic Carcinoma involving Liver, Pleura, Spleen and									
	gove rise to immediate cause (a), stating the underlying cause last									
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)								
/	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	. 196. CONDITIO	DN FOR WHICH OPERA	ATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES X NO YES X NO					
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)				

P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that ** (this hospital) oftended the deceased from october 3 19 October October 80

saw the deceased alive an UCTODER 3 abave, (Ir (we) (did) (Make) view the bady after death and that in (mg) (our) opinion death accurred an the date and have and from the couses stated 22b. SIGNATURE

DEGREE ATTENDING PHYSICIAN

MEDICAL DIRECTOR STAFF PHYSICIAN [22c. DATE SIGNED

224. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

Loudon Park Cemetery

c/o Maryland General Hospital

250. DATE REC'D.

230 BURIAL, CREMATION, REMOVAL

23b. DATE

10/6/80

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN Baltimore

COUNTY

Md.

DHMH-16 30M 2/80 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Hem 18

24 FUNERAL DIRECTOR

Burial

4107 Wilkens Ave. Hubbard Funeral Home

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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24. FUNERAL DIRECTOR

DHMH - 16 25M

(VR A 15 (4)) 9/74

STATE OF MARYLAND

2b. HOUR

IF UNDER 1 YEAR IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

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STATE

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INDUSTRY

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COUNTY

COUNTY

250. DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE

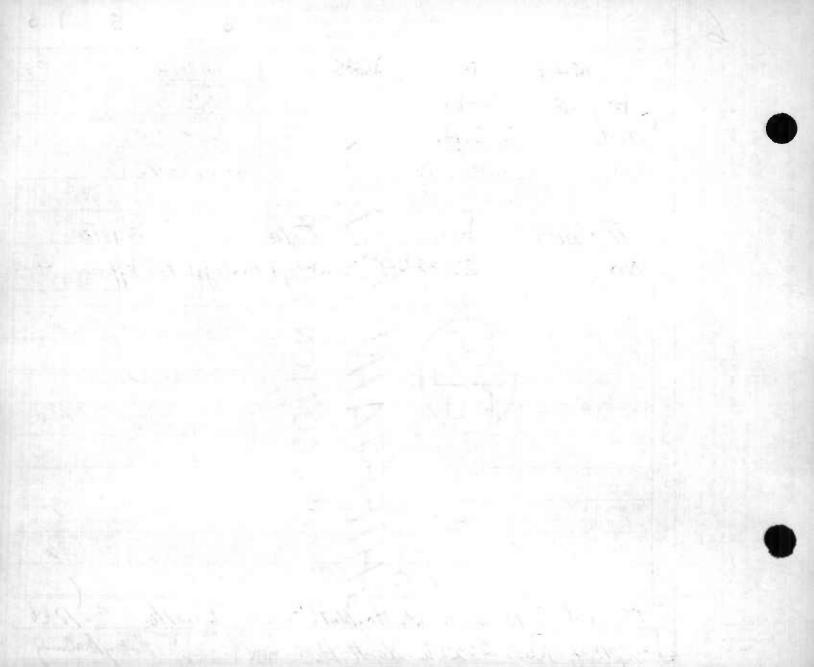
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22c. DATE SIGNED

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	3. SE	Female	Black	S. DATE OF BIRTH MONTH DAY YEAR 11 OG 94	6. AGE (IN YEARS LAST BIRT		HOURS MIN.
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35	USU 13a.	AL RESIDENCE (IF NURSING HOMEOISTATE).	OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION) OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		3
ocamine 3C	14. F.	THER'S NAME PROMPS	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME	Bulte	ST
2 medical		VAS DECEASED EVER IN U.S. AR YES, NOORUNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIALS	ECURITY NO. 1 INFORMANT	A. Drags	407.616ns	w Ann
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shows any in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)	
тогкед от	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TO	wn COUNTY	STATE
Hem 21 is		22a.1 certify that (1) (this hosp saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	ital) attended the deceased from 10/28/30 1 it view the bady after death.		MEDICAL STAR	22c. DAT	, that (1) (we) last e couses stated E SIGNED 26/50
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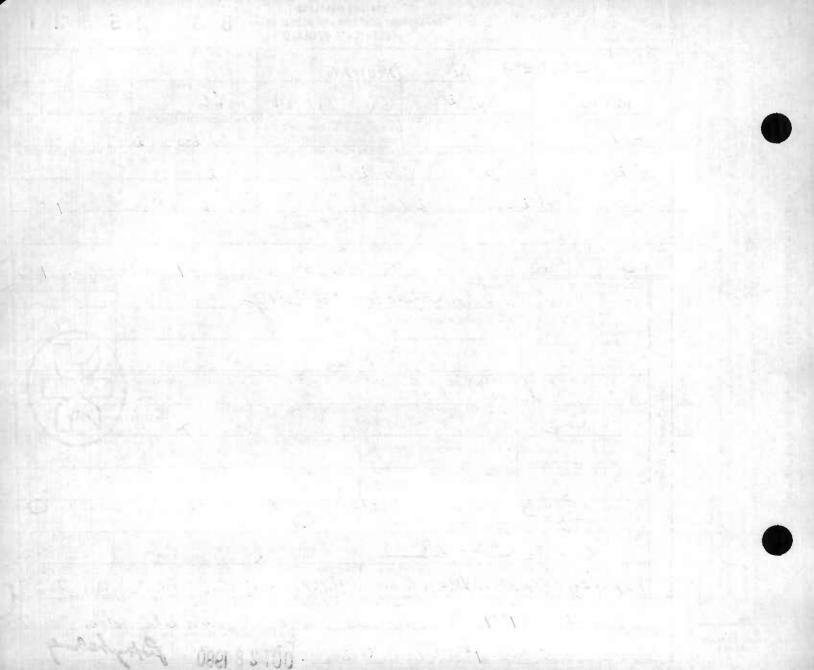
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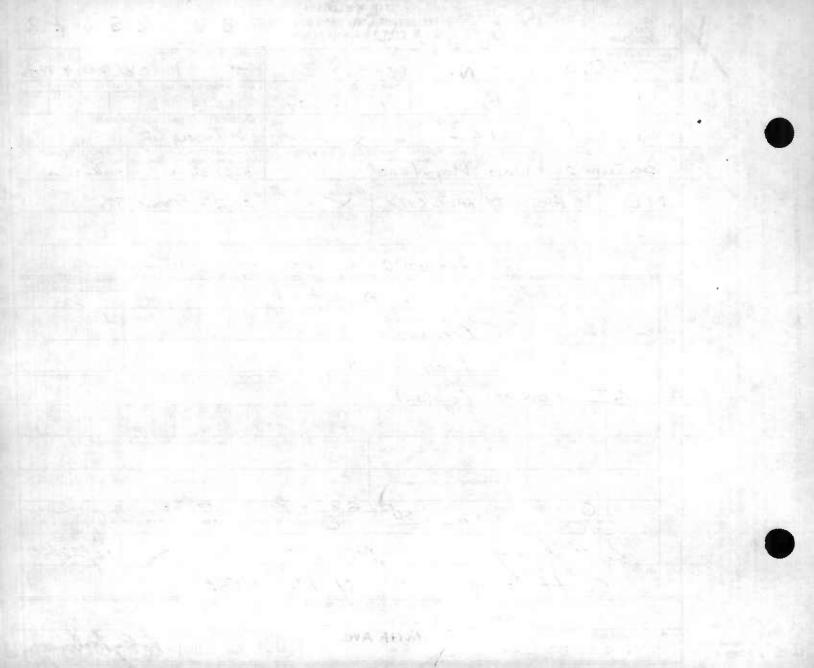
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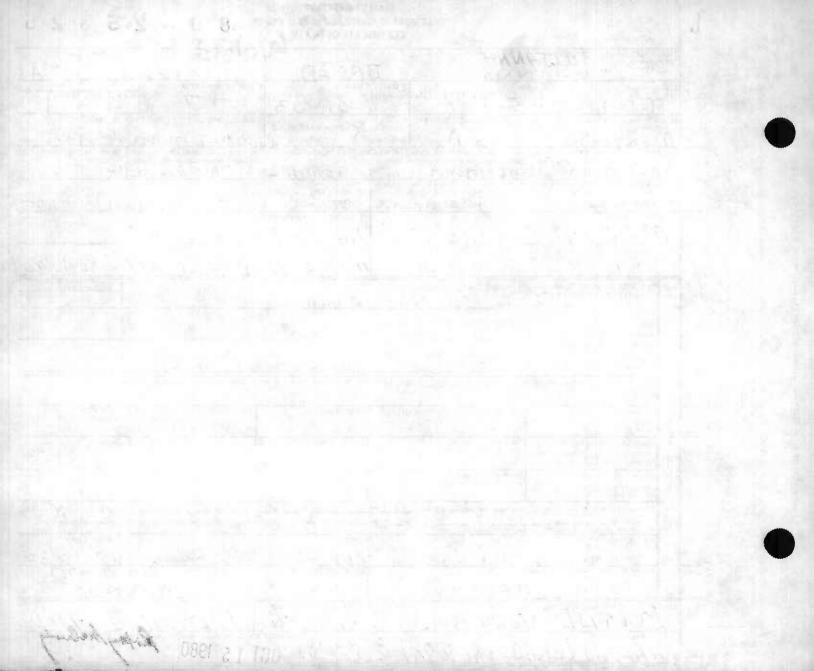


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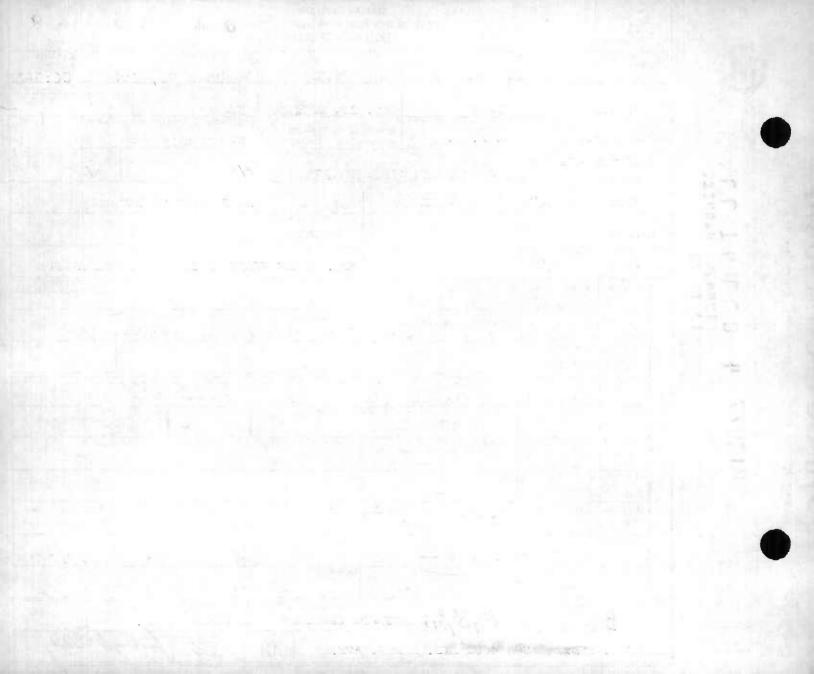
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR FIRST DECEASED NAME S. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) S. 18 19 80 Driscol1 DEATH MATED 10 Dean 6. AGE (IN YEARS 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR SEX DATE 11:00 LAST BIRTHDAY FUNERAL DIRECT PRONOUNCED 10 80 Jan.28,1903 Ma le White 10 18 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH La. BIRTHPLACE (STATEOR MARRIED X NEVER MARRIED FOREIGN COUNTRY) Penn. USA Baltimore City WIDOWED DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Murphy Oil Co. Area Mgr. Good Samaritan Hospital BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD L RECORD 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY Baltimore 3507 Cascade Avenue YES X NO VUAL P 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE EIRST Cornelius Driscoll Emma Hottenstein OF 17. INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) PAGES 68-12-9661 no Mrs. Agnes Driscoll APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 YES [] NO X BE 3 SHOULD BE DEPARTMENT (BUR 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.I STATE CITY OR TOWN RWARDE PAGE 3 STATE D WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy TOR: Natural causes Undetermined monner DIREC TITLE (SPECIFY) 10-19-80 Assistant DATE MEDICAL EXAMINER SIGNATURE. SIGNED EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE, / EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) Baltimore Md. Burial Parkwood RP Oct.21,1980 250. DATE REC'D. BY REGISTRAR 256 EGISTRAR'S IGNATURE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Leonard J. Ruck Inc. Baltimore, Maryland 15M7/76

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	1			STATE OF MARYLAND		
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n please burial, injury, o	١	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING T	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
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	3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR		
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s the burial th and Mer marked or	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
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should be detached with the State Depi	1	Jahn. A	11 auren	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/11/80
St.	7	174 PHYSICIAN'S NAME (TYPE OR PE	INT)	22e ADDRESS		mr1: 110
OR		57112NI C	HALIBAS	49400 1	3 NOB no. 19	1/2 hu 12
with the State	100	001514 3	HAURRS	117701	2からかられれん	VICINUIZ
	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	234 LOCATION	SQUATY DABATE
		JUNIAL	10/14/1980.	11. STANISLAUSU	EIN LALTINI	att ildi
IH-16 25M	24 5	NERAL DIRECTOR	A. C. A. ADDOCTO	1 , 550 6 2 250 DA	TE REC'D. BY REGISTRAR 256. RE	Man Manny
15, 4) 1/79	K	ATMONI) / KI	ACI ORN TITE	KI PIPET IT O	CT 1 5 1980	



- 8	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND TEALTH AND MENTAL HYO TICATE OF DEATH	GIENE 8 Ü	253	2 6
(BAL)		CEASED NAME F	IRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEA	26 HOUR
TAKE			RRIETT JO	OHNSON	DRI	JMMON'D	OCTOBER O	5 1980	06:38
	3. SE	X	4 RACE		5. DATE (6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
recto		FEMALE	BLAC		OCT.		54	YRS.	
Meath. Podeath. Podea		RTHPLACE (STATE OR FORE COUNTRY) UTH CAROLINA		what country? . A.	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	RE CITY	MD.
by the filled with		ALTIMORE CIT	Y (# NOT IN SUC THE JO	HNS HOP	ADDRESS) KINS	HOSPITAL	12a. USUAL OCCUPATION OF WORK FOR MOST ON NA	F WORKING LIFE) INDUST	DOF BUSINESS OR TRY
AND 217	13a M		HOME OR OTHER INSTITUTION N/A	13t CITY OR TOW BALTIMO	ADMISSION) RE	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1302 MONTF	ORD AVENUE	
makyr, om letely of 2 sh		THER'S NAME INKNOWN	WIDDLE	LAST	mogra	15. MOTHER'S MAIDEN NA UNKNOWN	WE		LAST
DND onthe	16a V	VAS DECEASED EVER IN 1	J.S. ARMED FORCES?	16b SOCIAL SECU	IRITY NO.	17. INFORMANT Mrs. BELLE W	ADDRE		AVENUE
Using the the death certificate be executed as the other certificate be executed by the other certificate be executed by the other certificate and the object of the other certification of the object	CERTIFICATION	Canditions, if any, wi gave rise to immed cause (a), stating underlying couse 1	CAUSED BY: MEDIATE CAUSE (a) DUE TO, O nich (b) inte the ost. (c) CANT CONDITIONS C	ONTRIBUTING TO	ENCE OF	Suphrenic Gelen-	MINAL DISEASE OR CONI	KILL SICH	
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he hospitol or DIRECTOR. A DIRECTOR. or coched for use to Dept. of Heol		220.1 certify that (I) (the	s haspital) attended th	5 19	F	nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the do	ate and hour and fram	
TO HOSPITAL retained by the TO FUNERAL should be detined with the State IMPORTANT:	23a. (22d. PHYSICIAN'S NAME SURIAL, CREMATION, REA	ERRY 1	Bont.		220. ADDRESS Z EMETERY OR CREMATORY	has Hope	eins Hisp	150/
On UBP		BURIA	10	10.61		RE CEMETARY	BALTIMORE	MD . COUNTY	STATE
DHMH-16 30M 2/80 (VRA 15, 4)		ROY O. DYET	T:& SON 460	O LIBORESHO	GHTS.		E REC'D. BY REGISTRAR 8 1980	25 Just ay	Wiesdy



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3331 Brehms Lane

21213

Balto. Md.

STATE

"Schimunek Funeral

Home. Inc.

DHMH-16 30M 2/BO (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

YEAR

2b. HOUR

12b. KIND OF BUSINESS OR

Labuda

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

Md.

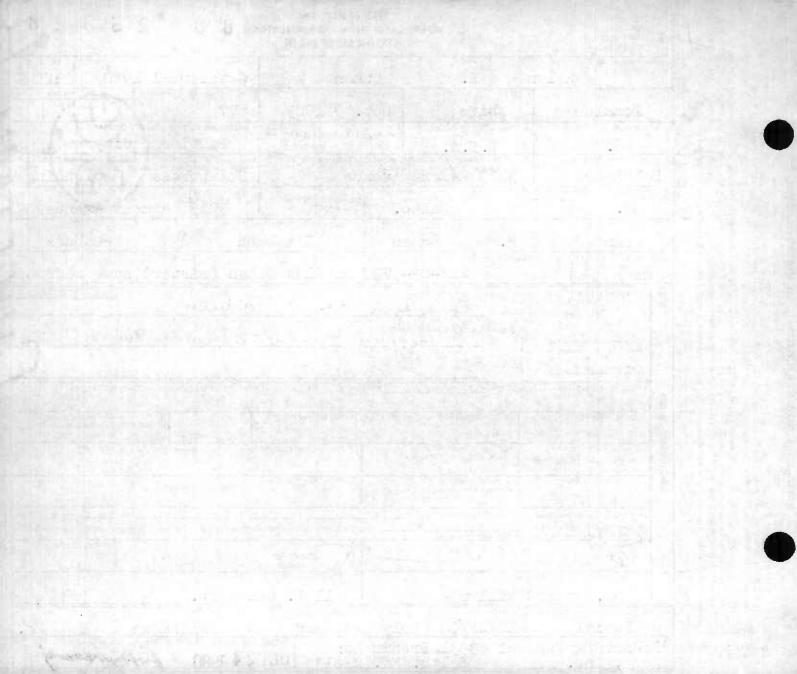
COUNTY

250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

22c DATE SIGNED

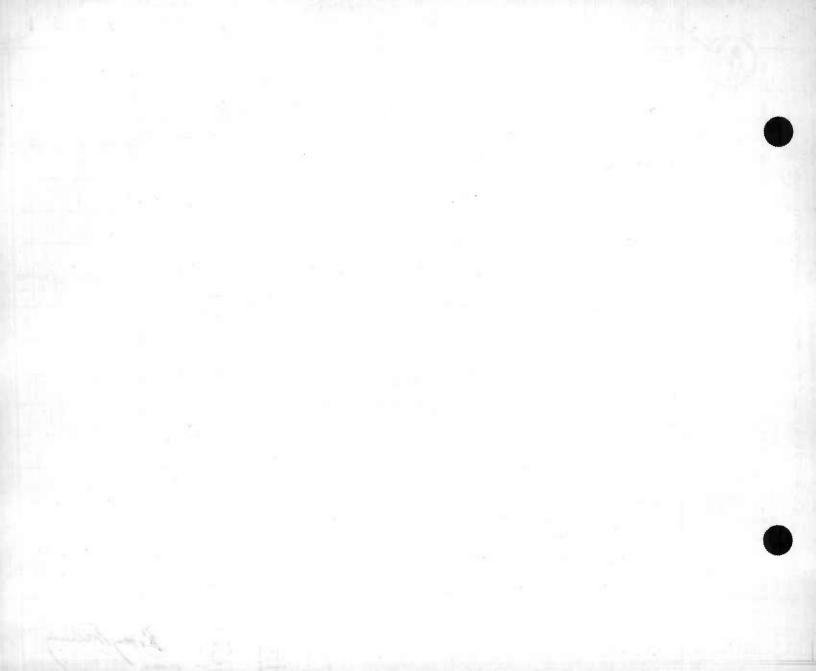
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IF UNDER 24 HRS

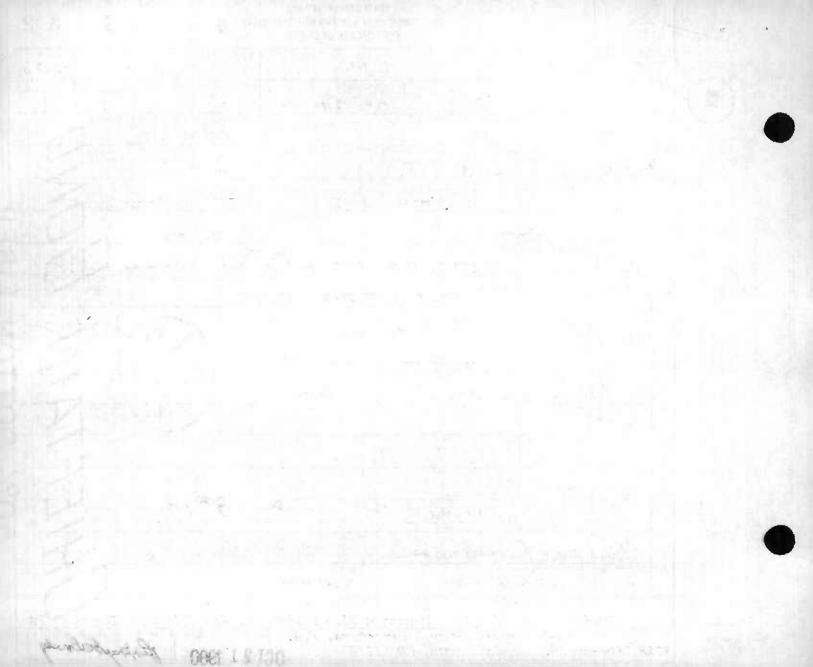


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7	1	- STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	0.	5 3	3 0
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at the state	10 C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSING		OR OTHER INSTITUTION	12th USUAL OCCUPAT	ION 12 OF WORKING LIFE) IN	26. KIND OF BUNDUSTRY	ISINESS OR
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death certificate ending physician carbon papers. Pan, or removal. traumatic event,		18 CAUSE OF DEATH (Enter or	ly one cause p	er line far (o), (b), an	d (c).)				APPROXIMATE	TAND DEATH
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ath ading ribor , or auma		2030	_	OR AS A CONSEQUI	ENCE OF					
the death e attendin ove carbo nation, or		Conditions, if any, which		Malighan		ekhoma w	Metastas	15		
at the the emo		gove rise to immediate cause (a), stating the)	OR AS A CONSEQUI						
es this day ase real, or		underlying cause lost.	(6)	01.75.7.00132.001						
equires that the signed by the att in please remove o burial, crematiinjury, or other		PART 2 OTHER SIGNIFICANT	ONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN #	V PART I(a)	
ov reservant	CERTIFICATION	lung concin	anata	AG. 212	ecimo	mia.				
The la	13	190 DATE OF OPERATION		DITION FOR WHICH			20e AUTOPSY?	200. IF YES, WE	RE FINDINGS	USED
Derr per per per per per per per per per	E						YES NO	YES [10 🗆
DING PHYSICIAN: The law requires that the death certificate be executed within 24 h attending physician. After this certificate has been signed by the attending physician and completely filled its she burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fit and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the medical examiner manaked or Item 25 should be an examiner.	1	210 ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH DA	AY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO, PART TO	OR PART 2)	
HYSIII phys phys scerr al-tre ental	I 🗧	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		P.M.	19					
G PHY ding ph er this c burial- nd Men ked or	MEDICAL	21d. INJURY OCCURRED	21e PLAC	E OF INJURY		21f LOCATION STREET	CITY OR TO	MN C	OUNTY	
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hospital or a DIRECTOR: DIRECTOR: hed for use a Dept. of Heal	l	sow the deceased alive on abave, (1) (we) (did) (did no	t) way the bac	ly ofter death	, or	nd that in (my) (our) opinion o	deoth occurred on the d	ote and hour and	from the cous	ies stoted
OR DIRE ept.	1	22b. SIGNATURE	1			DEGREE			22c. DATE SIGI	NED
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TO H retain TO F should with	73a	BURIAL, CREMATION, REMOVAL	23b. DATE	123. 1	NAME OF C	EMETERY OR CREMATORY	1234 LOCATION			
2.53 BP		Burial		1 1-		Hill Cem	23d LOCATION CHYORTOWN Brookly	coun		Md.
007-	24 F	UNERAL DIRECTOR				25e. DATE	REC'D. BY REGISTRAR			Mu.
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. 3	-1.	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	0	0 2 REG. NO.	5 3	3 2
y be	(TYP)		OTHY	JODE	DVN	W .	20. DATE OF DE	10/20/8	OAY YEAR	26 HOUR 758 PA
Page 4 may	3. SE	H	4 RACE)	S. DATE OF	BIRTH YEAR YEAR	6 AGE (IN YEAR)	S LAST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
funeral thin 72 dot one		RTHPLACE (STATE OR FOREIGH COUNTRY) PA	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE Bal	AD CITY	OFDEATH	M
by the filled with		Balw CITY	(IF NOT IN SUCH	FACILITY, GIVE STREET	DDRESSI	OTHER INSTITUTION	12a USUAL OCI	CUPATION RMOST OF WORKING LIP		F BUSINESS OR
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an and co		VAS DECEASED EVER IN U. VES. NO OR UNKNOWN) (IF)	YES, GIVE WAR OR DATES)	166 SOCIAL SECU $216 - 32 - 51$		n informant Mr. 410 Narciss	Thomas lus Ave.,	ADDRESS Dunn Baltimor	e, MD 2	1215
not the death certificate by the attending physici se remove carbanpapei, r, cremation, or remaval.		Conditions, if any, whi gove rise to immedia couse (a), stating t	AUSED BY: EDIATE CAUSE (0) DUE TO, OR the		ence of Licens	ronay ar	ust		11.4	MATE INTERVAL DINSET AND DEATH
the law requires the law requires the hos been signed permit. Then pleceme prior to burial above any injury, ar	CERTIFICATION	PART 2. OTHER SIGNIFIC CLASSICS 190. DATE OF OPERATION	ANT CONDITIONS COIL 196. CONDIT	gical	deger	OT RELATED TO THE TER.	200 AUTOPS	Y? ZOB. IF YES	EN IN PART 1(c) S, WERE FINDIN YING CAUSES S	GS USED
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OR ATTENDIN he hospital or of DIRECTOR: Aft oched for use or obept, of Health if hem 21 is mor		220.1 certify that (I) (this saw the deceased ali	hospital) attended the ve on NOT API did not) view the body of the	deceased from_ U.I.ABIL_19 fter death.		that in (my) (our) opinior GREE ATTENDING	MEDICAL	STAFF		
TO HOSPITAL retained by the TO FUNERAL should be determined to with the State IMPORTANT: If			LESSLER, M	13.		PHYSICIAN 120. ADDRESS SINAI HOSP.			10/00/	720
788 BP	24 FI	urial, cremation, remo specify Burial UNERAL DIRECTOR LOS NAME 28 Liberty Ro	10/23/	80 Mou	ntain	NETERY OR CREMATORY View Burial Ors, P. A 250 DA 3		C Pittston ISTRAR 256. REGIST		



	STATE OF MARYLAND
FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG, NO. 2 5 3 3 3
1. DECEASED NAME (TYPE OR PRINT) 3. SEX 1. DECEASED NAME FRST (TYPE OR PRINT)	BY LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR 10 20 80 10 80 PM
3. SEX 4	RACE S DATE OF BIRTH MONTH DAY NOV S 1897 S AGE (IN YEARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN. YEAR YEAR
36. BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) 10. CITY OR, TOWN OF DEATH 11	CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED RALTO (T) MD.
31 BALTO	1. NAME OF HOSPITAL, DURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) A PER A OR. 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MO
Md DAL	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134. INSIDE CITY LIMITS? 130. STREET ADDRESS Woodside Are
1930 AL bert	DOLE H. Ebelein Helen MIDDLE BRECKLEIN
160 WAS DECEASED EVER IN U.S. ARME (YES, NO OF UNKNOWN) (IF YES, SINE W.	
	DUE TO, OR AS A CONSEQUENCE OF (b) UCULE G I LEMANDER OF PULL LEMANDER DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Auro Arciarl Mysochemia, POLITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (10)
2 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21c. PLACE OF INJURY 21c. LOCATION
AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
22a.l certify that (1) (this haspital saw the deceased alive an abave. (1) (we) (first) (id) (id) (id) (id) (id) (id) (id) (id	
224 PHYSICIAN'S NAME (TYPE OR PR	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DO 21-80 RINT) 226 ADDRESS
224 PHYSICIAN'S NAME (TYPE OR PR	SAINI 4940 Eastern trenue, Baltimore MO 13h DAME 1231. NAME OF CEMETERY OF CREMATORY 1236. LOCATION COUNTY AFTAILY
SPECIFY) DURIAL 24 FUNERAL DIRECTOR	LARDEN OF PAIT DALLO MA
EYANS TUNERAL	Chapel ADDRESS 800 HARTORD WOLD 28 1980

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FOR

REGISTRAR

24. FUNERAL DIRECTOR

- STATE

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DHMH-16 30M 2/80 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR MONTH YEAR 8C IF UNDER I YEAR IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE APPROXIMATE INTERVAL **IERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)** 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , that (1) (we) lost _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN D STATE UMBERLA

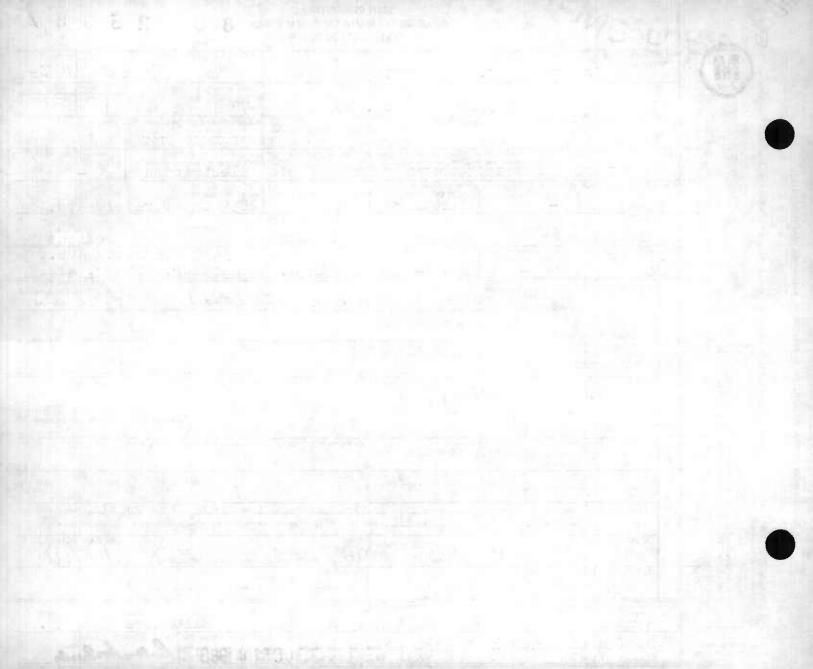
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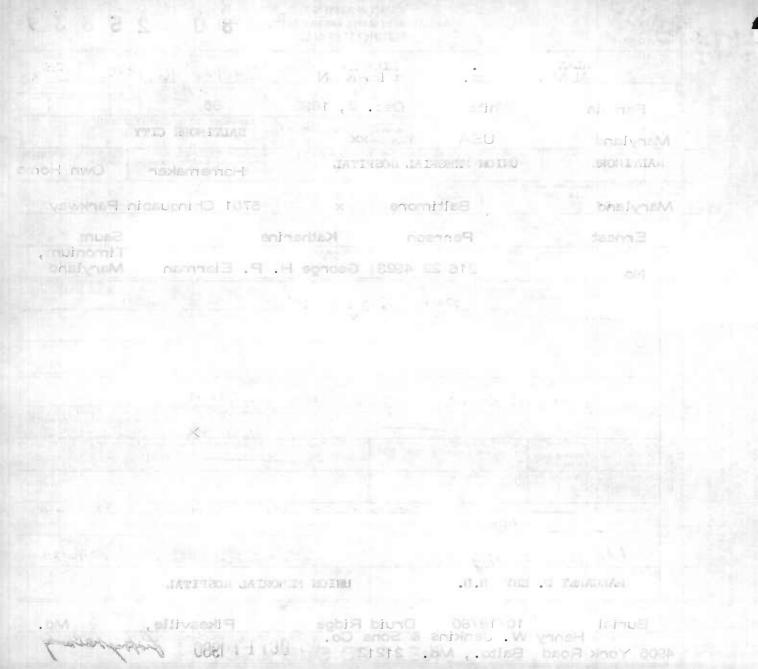
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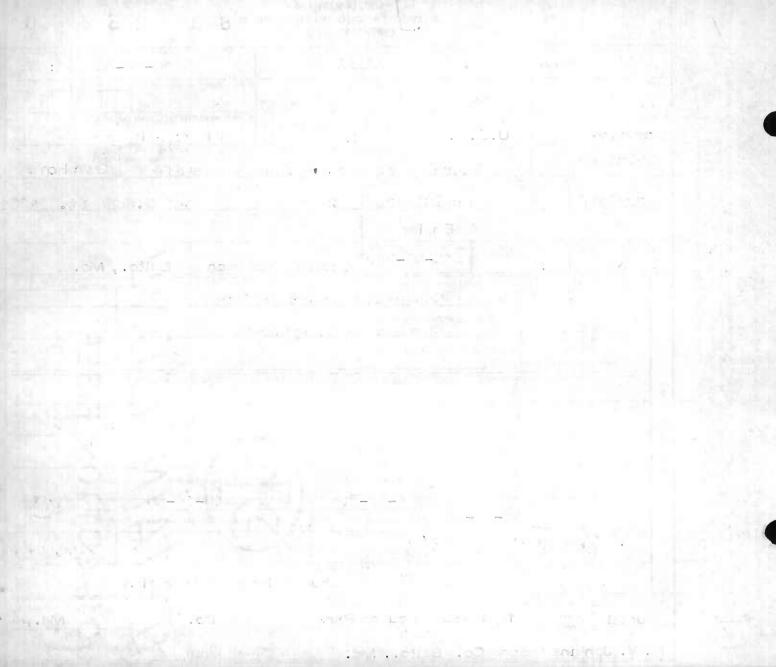
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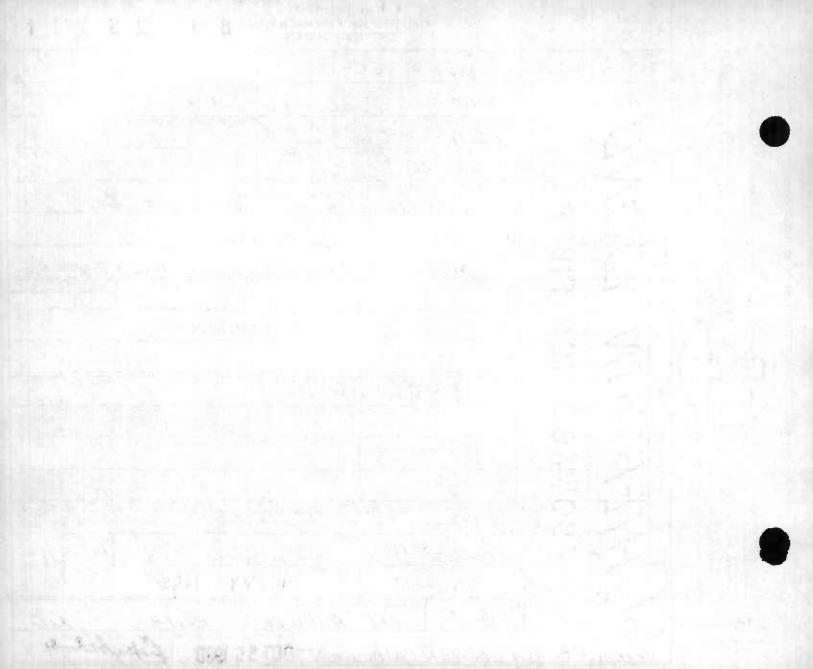
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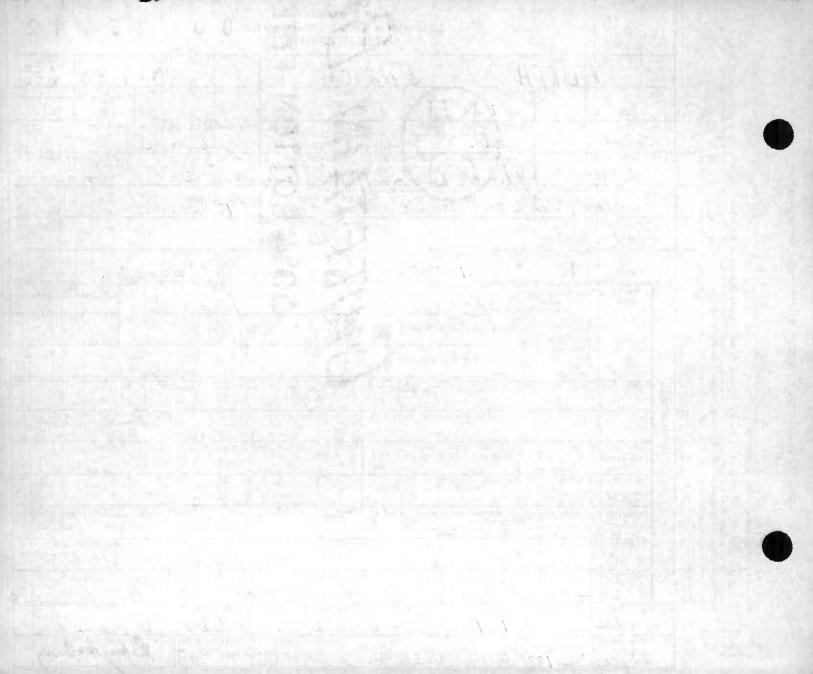
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72 hg	to. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF		MARRIE	D NEVER MAI	RRIED	BALTIMORE CITY OR COUN	TY OF DEATH	
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y the fled with		Baltimore	(IF NOT IN SUC	H FACILITY, GIV	NURSING HOME (TE STREET ADDRESS) h Home			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	
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should should	130.	Maryland	1TY	13c. CITY O	timore	4-4	0 🗆	13e. STREET ADDRESS $101\ N$.	Bond S	t. 21231
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0 -	16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIA	L SECURITY NO.	17. INFORMANT		ADDRESS		
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gned en plec burio rry, or	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	THE TERM	inal disease or condition g	IVEN IN PART 1(c	0
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or or	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C		OFFICE, FARM, ETC.)	211. LOCATION		CITY OR TOWN	COUNTY	
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P	E	Burial	10-16	6-80	Loudor	Park		Balto.	COUNT	Md.
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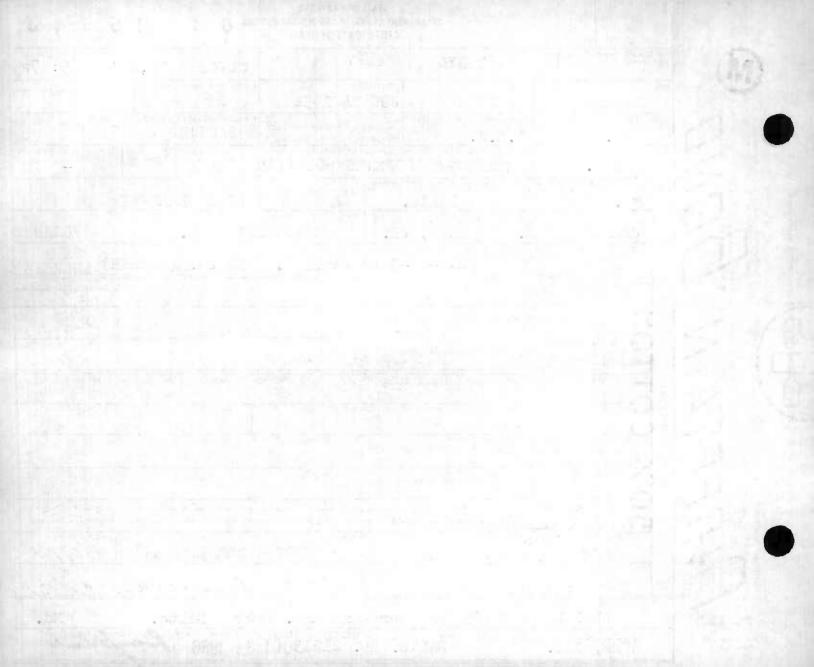


2	1	FOR - STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 0	25341
1	1. DE	REGISTRAR CEASED NAME FIRST CON (S	MIDDLE	CERTIFICATE OF DEATH	REG. NO	D. MONTH DAY YEAR 2b. HOUR 200 A
/	3. SE		A. RACE BLACK	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
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be horified	X	allino re	(IF NOT IN SUCH FACILITY GIVE STRE	ING HOME OR OTHER INSTITUTION ET APPRESS)	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	
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	2	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION OF A CONSECUTION O		MONIX	
infory, or	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1101
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9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	RRED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART I OR PART 2)
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21 is		22e I certify that (i) the holps saw the december alive as above (i) (we) (did rain not	10/24 10	and that in (my (our) opinion	n deoth occurred on the do	ote and hour and from the couses stated
NT. #		22d THY CIAN'S NAME (TYPE OF	Shello	ATTENDING PHYSICIAN	MEDICAL STAF	FIAN 22c. DATE SIGNED
IMPORTANT: IF		PARRICH	J SNELL	22e. ADDRESS ME	10	P.
_	L	BURIAL, CREMATION, REMOVAL (SPECER)	10/29/80 23	NAME OF CEMETERY OF CREMATORY AUBURN	U Bai	1/2 COUNTY NO
10	24. F	UNERAL DIRECTOR	ADDRESS:			256. REGISTRAR'S SIGNATURE



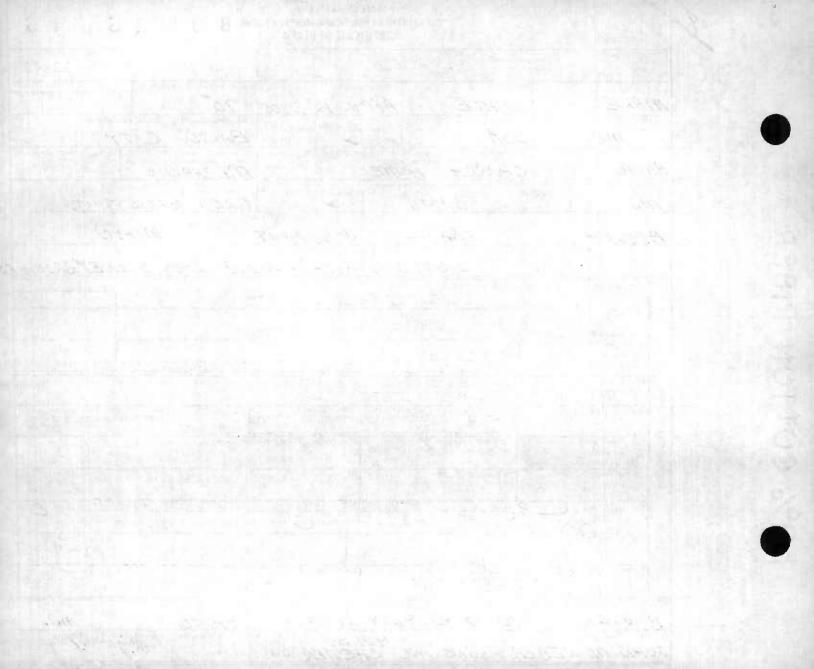
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uted within 24 haur completely filled in 1 and 2 should be f	USUAL RESIDENCE (IF NURSING HOME OR HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 132. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 155. MS Ashbowine Rd. 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. LAST 16. STREET ADDRESS 16.	
be execution and control is. Pages 1	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-22-3576D 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	
KDS, ZUI W. FRESTON SI., BA equires that the death certificate n signed by the attending physis Then please remains, ar removal injury, or ather traumatic event, it	APPROXIMATE INTERVIPED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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FAL OR ATTEND y the hospital o RAL DIRECTOR: A detached for use note Dept. of Hea VI: If Hem 21 is m	220.1 certify that (1) (this haspital) attended the deceased from No. 27, 19.80, 10. 19.80, 1	
TO HOSPITAL (retained by the TO FUNERAL Is should be dero with the State I IMPORTANT: If	220, ADDRESS 220, ADDRESS 615 COTAC ST. BALTOMON. 230, BURIAL, CREMATION, REMOVAL 236, DATE 231, NAME OF CEMETERY OF CREMATORY 232, LOCATION COUNTY STA	13
DHMH-16 30M 2/80 (VRA 15, 4)	10/10/80 New (athedral (em. Baltimore (ity, Maryland structure Ambrose, Inc. 1328 Sulphua Spring Rd. 10/10/80 New (athedral (em. Baltimore (ity, Maryland structure Parks subjective Parks subje	





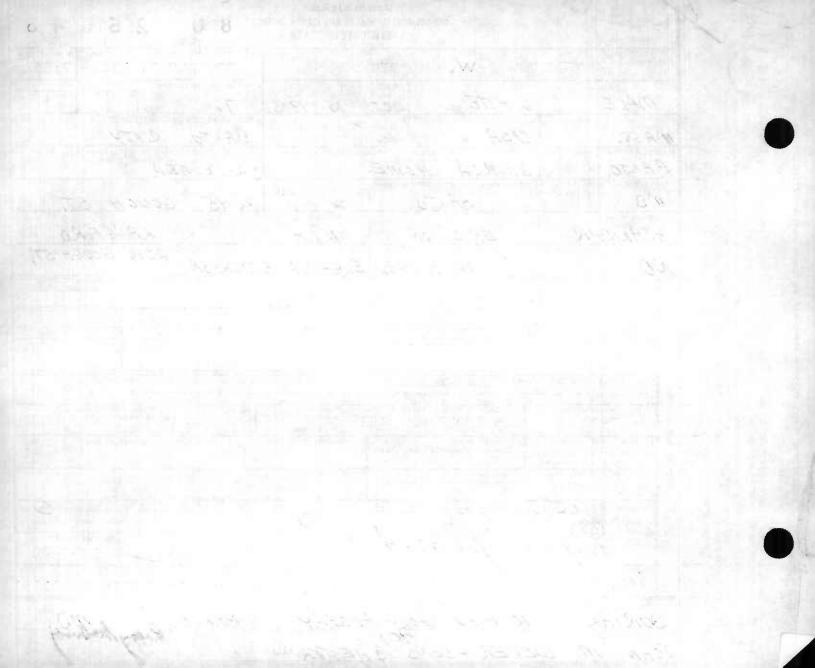
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à 0	FICA	12/17/79		2 1	2	N WAS PERFORMED PLAN		20b. IF YES, WE	CAUSES	OF DEATH?
tentol Hygiene Item 18 shows	CERTIFI	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME C		condition	21c. HOW MUURY OCCUR		YES T	OR PART 2)	NO 🗌
Item 18		OR CONTRIBUTING CAUSE OF DE.	A1111	M. MONTH	DAY YEAR					
₹ ≿	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION			affect on 1870 A	
morked	¥	WHILE AT WORK AT WORK	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TOV	/N C	OUNTY	STATE
deolft is mo		220.1 certify that (1) (this hosp		e deceased	rom 1/3	1/80 , 19	, to(0 / /	2 , 19	ÇO , 11	hot (I) (we) last
of of of 1		sow the deceased alive on above, (1) (we) (did) (did no	of view the body	ofter death.	49 80 , 01	nd that in (my) (our) opinion	deoth occurred on the de	ote and hour and	I from the co	ouses stated
oched for us Dept of He If Item 21 is		22b. SIGNATURE	1	du i		DEGREE ATTENDING	MEDICAL STAI		22c. DATE S	1
		Olsa 4.	Teon	schoo,	as	PHYSICIAN [DIRECTOR PHYSIC	IAN 🔀	10/1	2/80
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AA 1 /75	24. FU	JNERAL DIRECTOR					-	2.0		St. day
60M 1/75	1	MITCHELL-WIEDEF	ELD HOM	E, INC	6500	York Rd. 00	T 1 5 1980	-		7

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* SONS

(VRA 15, 4) 1/79



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

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C. colle we steel FRIMALE CONCUSION MAY 9 1400 Bo. Himses FLLINGS W. Sool, and Mary and Mary

Catonsville, Md.

MacNabb Funeral Home

(VRA 15, 4) 1/79

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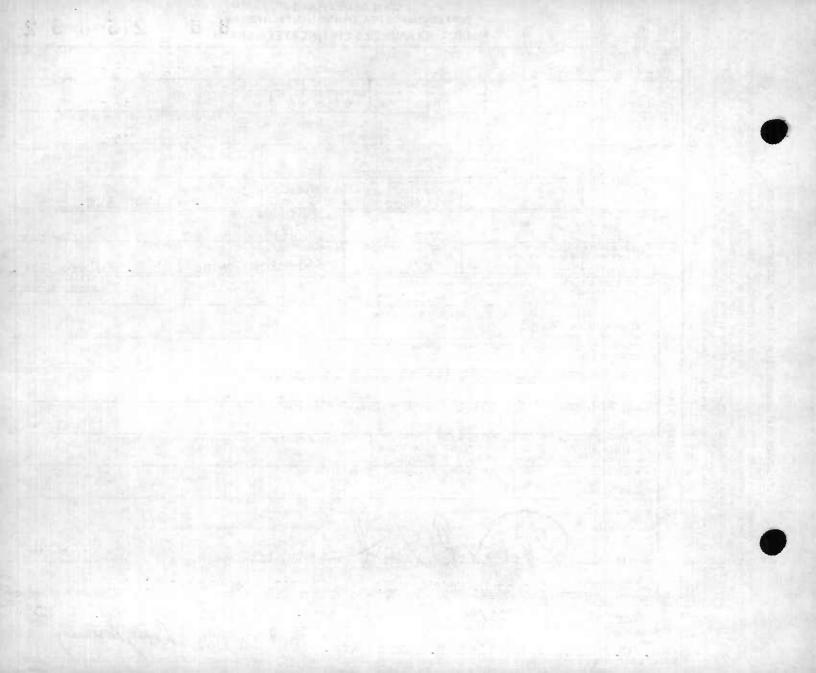
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11	STATE OF MARYLAND									
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 5 3 5 CERTIFICATE OF DEATH REG. NO.									
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY		b. HOUR			
ARTHUR		EVANS	SR.	1.05	10 7		10:401			
3. SEX	RACE	5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BI	MONT		HOURS MI			
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NIRY? 8	3,1402	78 9 BALTIMORE CITY O	YRS.	DEATH				
STOI COUNTRY	U.S.A	MARRIED NI	DIVORCED	BALTIMORE		DEATH!				
10 CITY OR TOWN OF DEATH		IURSING HOME OR OTHE		120 USUAL OCCUPAT	ION 1	26. KIND OF				
BALTIMORE	(IF NOT IN SUCH FACILITY, GIVEN UNION MEMORI	AL HOSPITAL		TYPE OF WORK FOR MOST	E D	NDUSTRY				
USUAL RESIDENCE (IF NURSING HOME		E BEFORE ADMISSION) R TOWN 13d, INS	SIDE CITY LIMITS?	13e STREET ADDRESS	DOM:					
MARYLENT	1504	THE YES	ON O	500 10	Rr RI	100	9-1-11			
FATHER'S NAME FIRST	MIDDLE		THER'S MAIDEN NAM	MIDDLE		LAST				
	ARMED FORCES? LAN SOCIA	L SECURITY NO. 17. INFO	ORMANT	ADDR	A HOLL					
	GIVE WAR OR DATES)	13 277 11	11- 21		4036hrs		. 1			
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Conditions, if any, which			choosis							
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON									
underlying couse lost.	(6)			eted sup						
	T CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RE	LATED TO THE TERM	NAL DISEASE OR CON	IDITION GIVEN II	N PART 1(0)				
NO PARTION 190 DATE OF OPERATION 100 7 60 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	VHICH OPERATION WAS I	PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDING	S USED			
9 1 10/7/40	VASCUL	AL INIDE	emeren	YES NO	IN CERTIFYING		F DEATH?			
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HC		ED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1	OR PART 2)				
	CATTLE CONTRACTOR	19								
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		STREET	CITY OR TO)WN	COUNTY	STATE			
WHILE NOT WHILE AT WORK							5 1524			
<u>v</u>	pital) attended the deceased	Con	, , ,				ot (I) (we) !			
	nat) view the bady after death.	, 01.2 (1.0)		leath occurred on the d	ote and hour one					
226. SIGNATORE	1/111 =	DEGREE 7	ATTENDING _	MEDICAL STA		22c. DATE SI	1			
22d. PHYSICIAN'S NAME (IVPI	OR PRINT)	22e Al	DDRESS	DIRECTOR PHYSI	CIAN	10/1	180			
ENDTOIR N	TURCIANO M.D.	Variation State		IAL HOSPITA	AT.					
230. BURIAL, CREMATION, REMOVA		23c, NAME OF CEMEJER		234 LOCATION						
(SPECIFY)	10/11/80	arbrita	o me p	FILLETT	- Bass	UNITY	To STATE			
24 FUNERAL DIRECTOR			- 4	REC'D. BY REGISTRAR		-	WF (Eller			

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22. 1,124 95 in the state of th Larger de la large de la large vo. e in the second second tours to bound to the state of Secretion of.s,1984 section 1981, and the section Esp. L. Indossarth, E. L., Menreur, Ed. W. M. M. Markette.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR L DECEASED NAME 20. DATE KNOWN MONTH DAY 25 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Tanika (Tamika Nicole 1980 Evans 5. DATE OF BIRTH 2d HOUR 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 8:40A 8 19 DEAD 80 Female Black 1980 5 FOR WITHIN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) MD USA WIDOWED DIVORCED Baltimore City FILED, V II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore A 3. RETAIL A 3. RETAIL ? SHOULD BE "ECORDS BE N. Fulton Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d. INSIDE CITY CIMITS? 13e. STREET ADDRESS 13a. STATE 13c. CITY OR TOWN 801 N. Fulton Ave. Baltimore MD JAM PM 3 1 AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST LAST Eartha Fred Evans Hester 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) Frederick Evans 801 N. Fulton No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SIT PERMIT.
HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPART/AENT OF PRIOR TO BURIAL, Q. YES X NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 11d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE AT WORK STATE C DIRECTOR: 22a. I certify that I taak cha nains described gbove, held an Autepsy Inspection Inquiry and in my apinian Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL Deputy ChiefeDICAL EXAMINER 10/17/80 PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA SIGNATURE EXAMINER'S NAME 111 Penn St. Balto., MD. Thomas D. Smith, M.D. (TYPE OR PRINT) _ADDRESS_ 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. 230 BURIAL CREMATION REMOVAL 236, DATE Baltimore COL MD 10/21/80 Burial DATE REC'D. BY REGISTRAR 251 LEGISTRAP SECURE L 24. FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. (VR A15 ME (5)) Wm. C. March F/H 15M 7/76



	1-	FOR STATE REGISTRAR			DEPART		ICATE OF DEA		NE 8 0	2.	5 3	5 3		
1		CEASED NAME E OR PRINT)	Audre				wald		October	MONTH 13,	1980	26 HOUR 4:16P		
1	3. SE	x FEMALE		4. RACE WHIT	re	5. DATE O	14/1910	YEAR	AGE (IN YEARS LAST BIR	THDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
5		IRTHPLACE (STATE COUNTRY)	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MAR	RIED	Baltimore City o			ME		
18		ity or town of			NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General Hospital 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING TRUST DEPT.							12b. KIND OF BUSINESS OR INDUSTRY BANKING		
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0	14. FA	WHITELY	T I	MIDDIE C	SAUNDÉŘS		JULIZ	À	MIDDLE		CRAIC			
1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT GORDON A. EWALD 1528 NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215.42.6710 BAT.TO., MD.										HOLLINS ST.		
	NO	Conditions, if gove rise to cause (a), s underlying co	IMMEDIAT ony, which immediate taking the ause last.	D BY: E CAUSE (a) DUE TO, O (b) DUE TO, O (c)	r as a conseou r as a conseou	ENCE OF			ver, Bone)	DITION GI		MATE INTERVAL INSEL AND DEATH		
1	CERTIFICATION	19a DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	N WAS PERFORMED 200 AUTOPSY? YES ★ NO[206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES 🔀			
-	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OCC	CAUSE OF DEA		M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN I				TEM 18, PART I OR PART 2) COUNTY STATE			
	ME	22a. I certify tha	of while from the first of the	al) ottended th	e deceased from	Septer 80	mber 15, 1980 , to October 13 , 1980 , that (Main that in (My) (aur) opinion death accurred on the date and hour and from the couses DEGREE ATTENDING MEDICAL STAFF							
1		22d. PHYSICIAN	SNAME (IVAE	V	V 70	m	22e ADDRESS	Maryland General Hospital						
	(BURIAL, CREMATIO (SPECIFY) CREMATIO	N	23b. DATE 10/15,			EMETERY OR CREA	IATORY	23d LOCATION CITY OF TOWN BALTIMOR			MARYLANI		
		UNERAL DIRECTO LTER BROC		OLEY, I	NC., BALI	O. MD	. 21222	25a. DATE	REC'D. BY REGISTRAR		STRAR'S SIGNATI	JRE .		

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10/28/80

MIDDLE

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

Westview Crematory

3631 Falls Road 21211

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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26

YES T

COUNTY

22c. DATE SIGNED

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

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STATE

of Md.

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State

IF UNDER 1 YEAR

REG NO

MONTH

2a. DATE OF DEATH

BP

DHMH-16 30M 2/80

(VRA 15, 4)

FOR

- STATE

(SPECIFY

Cremation

Burgee Funeral Home

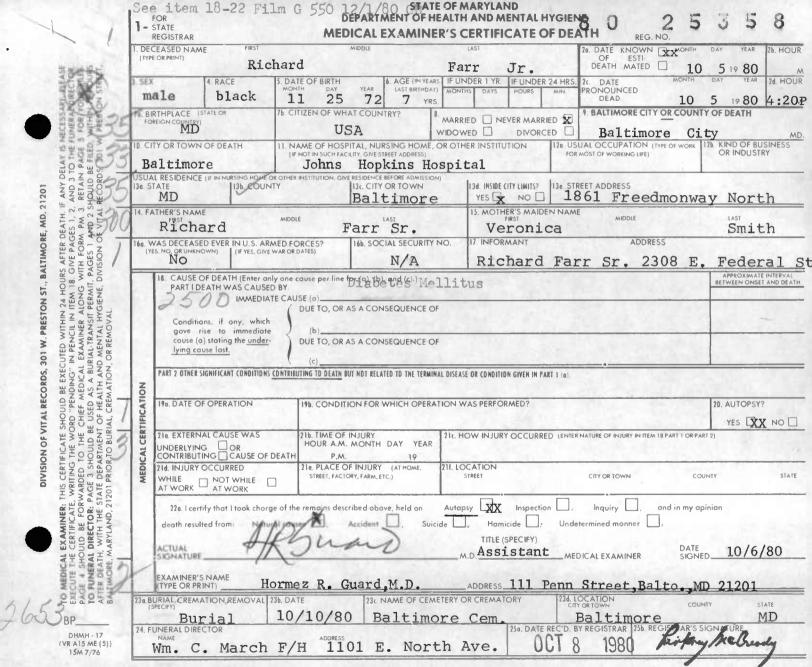
REGISTRAR

DECEASED NAME

JULIA Y. PAUS 25 194 19, 195 still - 29 State of the state NALTIMORE UNION MEMORIAL MOSFITAL FOREIGN SURVEYOR. Joerst 1961 .Ju 1968 x 1981 MAI JUNE 19. 220 of 7910 | Teris value to 110 % onlyer its He JATIAN MANONIA HOSPITAL PAUL SECTLER Crandion 10.6/80 Arthur Grenatury desired Lagrange of the company of the company

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may	ter p	3. SE		4 RACE	5. DATE C		6. AGE (INYEARS LAST BIRTHDA		UNDER 24 HRS
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deoth	ner ner		Maryland	USA	WIDOWE		Baltimo	re (ity) xx	XXXXX MD.
other	within within	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE-OF WORK FOR MOST OF WO		USINESS OR
101 rs of	tiled filed	Bru	ooklyn (Balto.)	4174 /01/10 1	and Alla		Salesman	Bakery	
212 hou	be in	USU/ 13g. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENT	DEFORE ADMISSIONS	13d INSIDE CITY L'AUTS?	134 STREET ADDRESS		
AND	filled onld		ryland	Ba.	ltimore	YES KOK NO	4124 Townsel	nd Ave. Balto.	21225
PYL #	2 sh	14 FA	THER'S NAME	MIDDLE I LA	4-	15. MOTHER'S MAIDEN NA	ME		Carlotte Comment
WAI v	and Solo		John .	te	kays	Mary	MIDDLE	Schwart	2
ORE, M.	d co	16a V	AS DECEASED EVER IN U.S. AR		L SECURITY NO.	17. INFORMANT	ADDRESS		
TIMO be ex	Pages	(1	Yes W.W.	2 213-2	0-9897	Mrs. Lois M. F.	ekaus. Same as	above	
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SION OF VI	certifica orial-trar tental Hy Item 18	CAL	OR CONTRIBUTING CAUSE OF DEA	NITT	19	Act and the second			
NO SHY	g ≯ po	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OSSICE SADA STC	21f. LOCATION	CITY OR TOWN	COUNTY	STATE
N 9		2	AT WORK NOT WHILE AT WORK	(AT FIGHTE, STREET, FACTOR),	OFFICE, FARM, ETC.)				JIAIE.
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A P	AL D detac are D T. If		/XHVX	00,10		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/6/	80
SPIT SPIT	FUNERAL old be detected the State		22d PHYSICIAN'S NAME CYPEO	R PRINT)		22e ADDRESS	1 + 1	//	
TO HOSP	TO FUNERAL IS should be deto with the State IMPORTANT: If		// John H.	Davler	,TD	Univ. K	bopilal		
5 5	oh short	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	234. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		
7544B	P	(5	Burial	Oct. 8. 1980	Glen Ha	ven Mem. Pank	Glen Burnie	2. A. A. Co. Ad.	STATE
DHMH-	- 16 50M 7/77	24. FU	NERAL DIRECTOR	4000	M.		E REC'D. BY REGISTRAR 15		ala
	A 15 (4))	Ma	Willy Funeral H	lome. 237 8. Pa	tapsco Av	e. Balto. nr.	7 1980	mary 1 harden	7

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William A. Ferguson Death Male 10 14 19 80	L HOUR	, 0	,									REGISTRAR					
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22a. Leertify that I taak charge of the remains described above, held an Autopsy (Inspection), Inquiry), and in my apinion			pinian	d in my a	piry , and	lng	Inspection	XX	Autop	ve, held an	cribed aba	e remains des	t I taak charge a	22a. I certify the			
death resulted fram: Natural causes X; Accident , Suicide , Hamicide , Undetermined manner ,										Pro-		(m)					
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EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street					treet	Penn S	111	ADDRESS_		I, M.D	Korel:	ta A. I	E Margar	(TYPE OR PRINT)		1	
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ULLY Funeral Home 237 E. Patapsco Ave.

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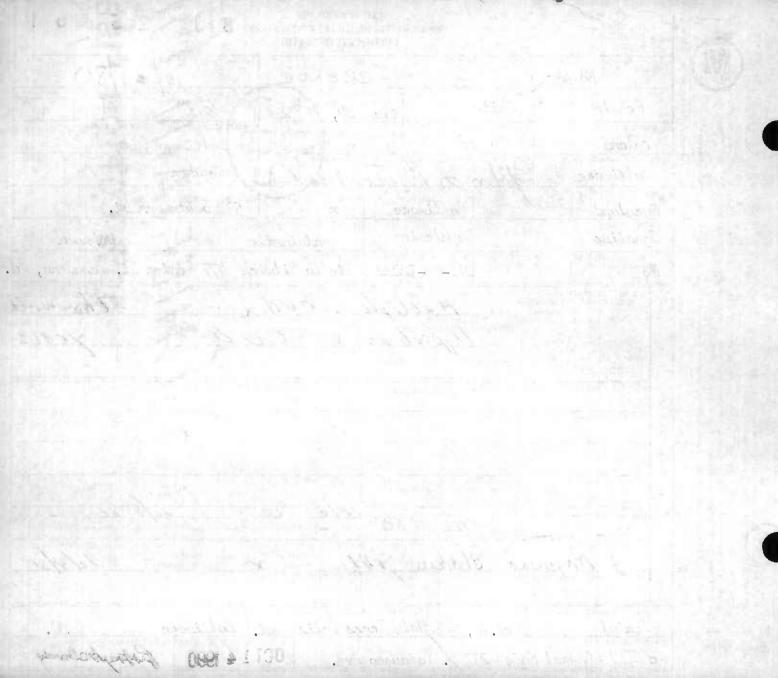
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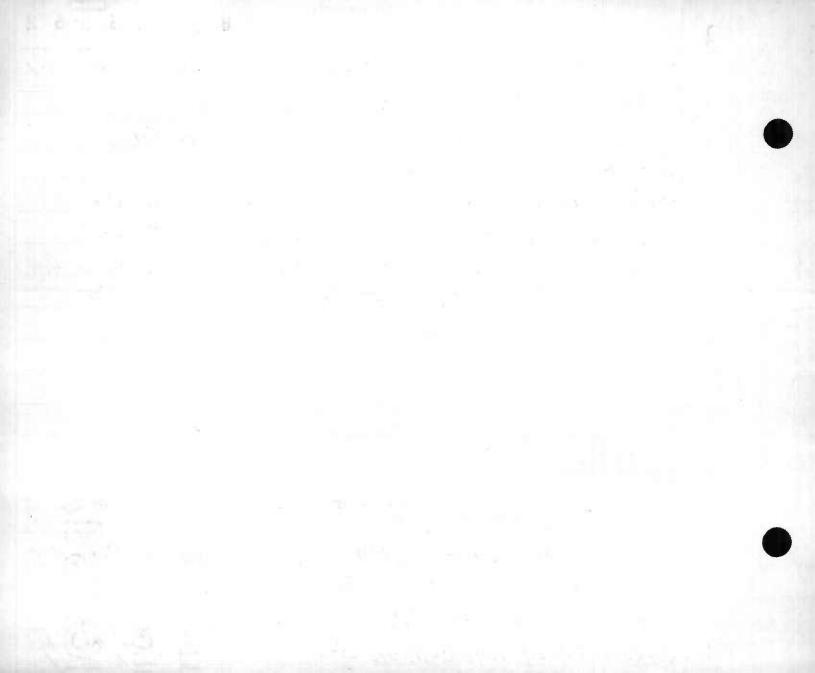
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DIVISION OF VITAL RECORDS,	HOULD PEN CHIEF A CHIEF A OF HEA AL, CREA	MEDICAL CERTIFICATION	190. DATE OF OPE	RATION	196. CONDIT	ION FOR WHICH OPERA	ION WAS PERFORM	ED?			20. AUTOPSY	Y? NO XX	
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	FORW FORW POR: P OR: P HE ST ID, 213		22a. I certify the	ot I toak charge	of the remains desc	ribed abave, held on		Inspection XX		and in my o	apinian	. ^	
	RECT RECT RECT VITH 1	100	death resulted fro	om: Nonce	X	Accident , Suici	de		determined manner	٠,			
	AL ENAL PINE CENTER VITH, V		ACTUAL SIGNATURE	7/X	Jul	w		stant	EDICAL EXAMINER	DATE	10/20	/80	
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21		EXAMINER'S NAM (TYPE OR PRINT)	He He	ormez R.	Guard, M.D.	ADDRESS		Penn Stre	et,Bal	to.,MD	21201	
	TO A EXEC PAGE AFTE BALT	23a. B	URIAL, CREMATION SPECIFY) BURIA				TERY OR CREMATOR		LOCATION ITY OR TOWN	co		STATE	
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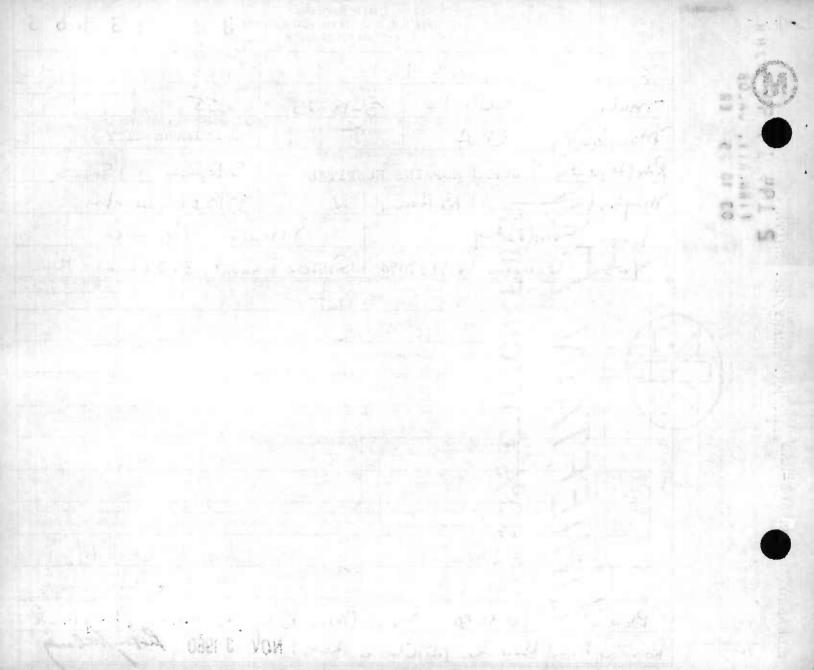
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			STATE OF MARYLAND
	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 5 3 6 5
		CEASED NAME FIRST	REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR
(A)	{TYPI	FINNERL	Jacob L. 10/28/80 737 Am
(M)	3. SE		4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
6.4	2	make	White MONTH 18-25 YRS. MONTHS DAYS HOURS MIN.
	70 B	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
	1	nangland	WIDOWED DIVORCED DIVORCED MD.
	100	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYCOP WORK FOR MOST OF WORKING LIFE) 110. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYCOP WORK FOR MOST OF WORKING LIFE)
2 1 2 2 3	TIS (I	AL DESIDENCE HE NUBSING HOME OF	JOHNS HOPKINS HOSPITAL Select Services SecureS
See	120	NATE 136 COUN	TYY 131. CTY OR TOWN 13d INSIDE CITY LIMITS? 130. STREET ADDRESS YES NO 3717 Florens Ave.
The state of the s	14. FA	THER'S NAME	MIDDLE LAST LAST
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ON ST., BALTI RX/DR th certificate by anding physician corban popers. car removed.		PART I. DEATH WAS CAUSE	
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FRESTON SI HENRY Fire death cert are attending amove corban motion, ar resumptices		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF
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s to year		underlying couse lost.	(c)
MR. MR signed by the please the please the please the please to be bright.	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
, v	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED
AL RECO PER. The law ration. The has been sit permit. Jiene prio	IFIC,	THE BATE OF GREATION	IN CERTIFYING CAUSES OF DEATH? YES V NO VES NO VO
WIALRE CONTROL The long hysicion. Icate has ronsit per Hygiene 118 shows.	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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3 PHYSICIA Hending plants the buriel-th and Mental and Mental the buriel-th ced or them	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE
DING Por after the cas the morked morked	\$	AT WORK AT WORK	(AT HOME, STREET, FACTORE, OFFICE, PARM, ETC.)
S T S			tol) ottended the deceosed from 10 2 % , 19 , to 10 % , 19 , that (I) (we) lost
2007			19 , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated to view the body after death.
PITAL OR A'S THE HOSE OF THE HOSE OF DIRECT OR A'S THE HOSE OF T		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF 1 220 DATE/SIGNED
TTAL by the State details NAT:		22d. PHYSICIAN'S NAME, (TYPE)	PHYSICIAN DIRECTOR PHYSICIAN DIR
ED AS		228. PHYSICIAI SNAME (TYPE)	2010/14/0 Talons Los King Hospital
SED 7	22-	DUBLAL CREMATION DESIGNATION	123b, DATE 123c, NAME OF CEMETERY OR CREMATORY 123d, VOCATION
SAL SBP	230.	BURIAL, CREMATION, REMOVAL	236. DATE 136. NAME OF CEMETERY OR CREMATORY 236. LOCATION DY OR JAWN DE LES
人関づ	24_E	JNERAL DIRECTOR	25g DAT REC'D BY REGISTRAR 25b PGISTRAR'S SEN AFTIRE
OHMH-16 30M 2/80 (VRA 15, 4)	K	osselde Frank	the the 1211 Choses fue, NOV 3 1980



	FOR FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 O	25366
7	1. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26. HOUR
death death	(TYPE OR PRINT)	EEN S.	FISCHER	OCT 24	1980 2:30am
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12 of 2	Female	White	Nov. 22 1924	55	YRS. DAYS HOURS MIN.
Pod in Pod	M. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR CO	UNTY OF DEATH
Son in 7	Balto, Md.	U.S.A.	WIDOWED DIVORCED	BALTIMORE	CITY MD.
by the fi	10. CITY OR TOWN OF DEATH Balto	JOHNS HOPKI	SORFOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	IXING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
filled in rauld be		ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY		13e STREET ADDRESS 5914 Smith	Ave. 21209
MARYL d withing and 2 sh	14 FATHER'S NAME FIRST Harry	MIDDLE LAST Seebode	15. MOTHER'S MAIDEN N		LAST
m and cor Pages 1 c	160 WAS DECEASED EVER IN U.S		CURITY NO. 17 INFORMANT	ADDRESS	Rogge
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAE. The low est position. Otherwise privilence has been a great the otherwise of the completely filled in by as the buriel transit permit. Then please campove corbonoppers. Pages I and 2 should be file throad Meintal Hygiene produce being, or removal. It and Meintal Hygiene produce beines, creamonin, or removal. orked or them 18 shows any injury, or other traumatic event, the medical examiner must be no	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last	DUE TO, OR AS A CONSEQ (c) LSO P	ratory Arre	inoma	APPROXIMATE INTERVAL BRIWER ONSET AND DEATH MI MULCS WEEK(S) Vear(S) ON GIVEN IN PART 1(0)
TALRECOR	NO 190 DATE OF OPERATION 8 H S O 210. ACCIDENT WAS UNDERLYING	ESOPHAG	CHOPERATION WAS PERFORMED	YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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DIVISION DING PHY or offer this e as the bu	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NR ATTEND Proported or IRECTOR, A wheel for use ept. of Head Hem 21 is m	22a I certify that (1) this h sow the deceased this above (11)(we) (did) (di 22h SIGNATURE	ospita) attended the discosed from e on	DEGREE Our opinion		, 19 tho (1) (we) lost and hour and from the couses stated
TO HOSPITAL Of The Hospital of The Hospital of Store of With the Store of IMPORTANT: If	Julia Divisician's NAME (T JULIA	Haller ye PEOR PRINTI H. YEO	M.O. ATTENDING PHYSICIAN 120. ADDRESS JOHN	MEDICAL STAFF DIRECTOR PHYSICIAN Hopku	10/24/80 N AOSP-
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DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME RIPOGE	3631 Falls Rd DDRESS	250 D	ATE REC'D, BY REGISTRAR 256. R	STEAR'S STOUTENRY

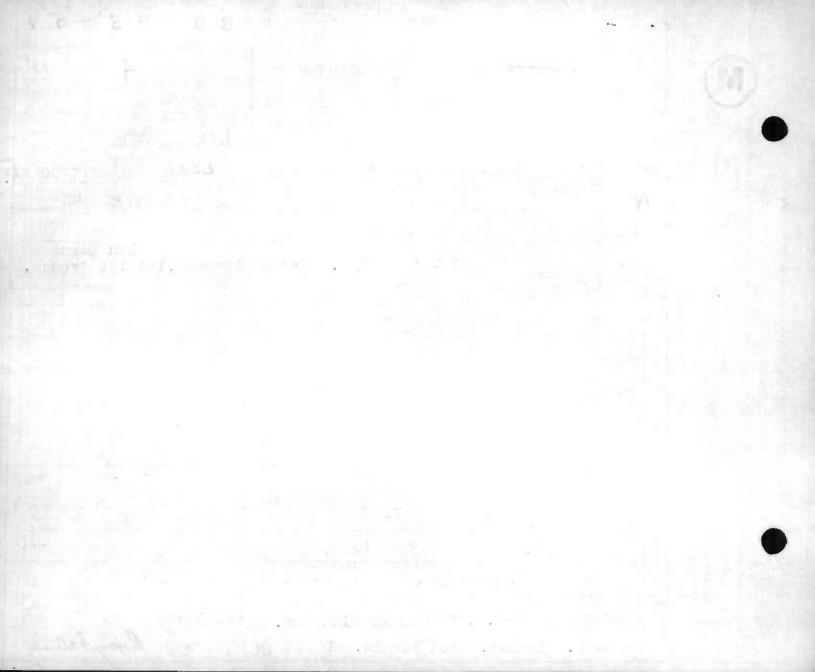
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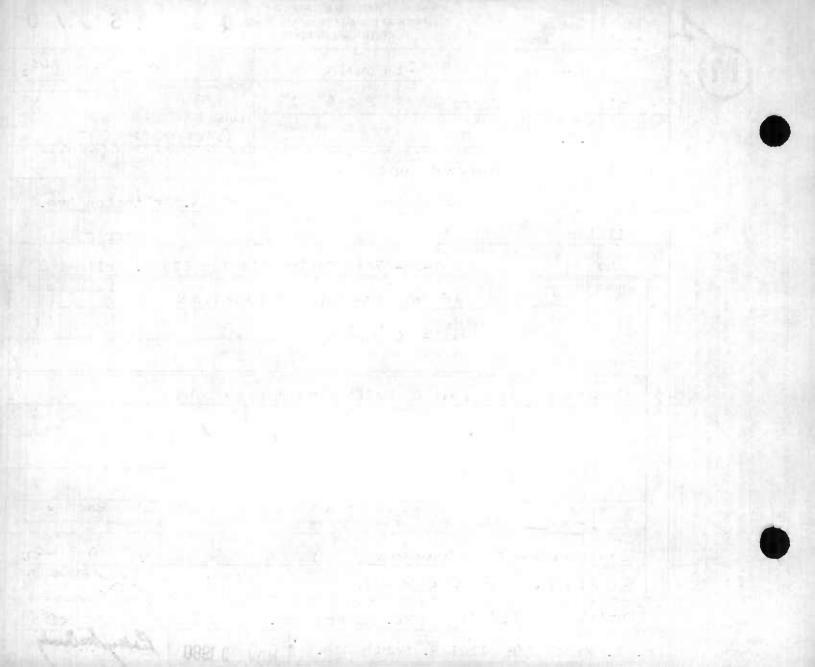
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 13 STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2s. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) DAVID LEMING 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 1"7" 63 Negro Male To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED BALTIMORE USA N.C. WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore UTHERAN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? MD Baltimore 620 N. Arlington Ave. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Fleming Lena Harris ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 240-26-4741A Evelyn Fleming 620 N. Arlington Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY MYOCARDIAL INFARCTION IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION ō VASCULAR HYPERTENSION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? burial-tronsit p NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF GEATH MEDICAL orked or Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 220.1 certify that (this hospital) attended the deceased fram. 31—19 <u>\$0</u>, and that in (<u>mail</u> (our) opinion death occurred on the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF FUNERAL I MPORTANT: PHYSICIAN N 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS mnas . 21214 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore (SPECBurial 11/6/80 Mt. Auburn Cem. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. DHMH - 16 50M 1/76 Wm. C. March F/H 1101 E. North Ave. (VR A 15 (4))



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Martin R. Brown Funeral Home successor to raymond w. ott funeral home ORBISONIA, PENNSYLVANIA 17243 (814) 447-3121

Note:

Enclosed certificate indicates that an autopsy was performed. However, my examination of the body revealed that there was no autopsy.

Thank you, Main R. Brain

Martin R. Brown Funeral Director

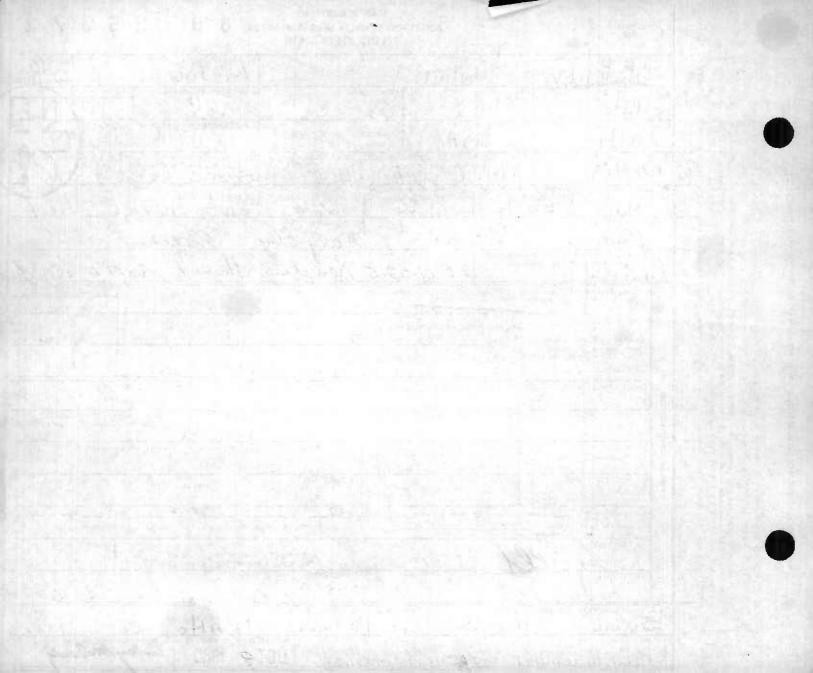
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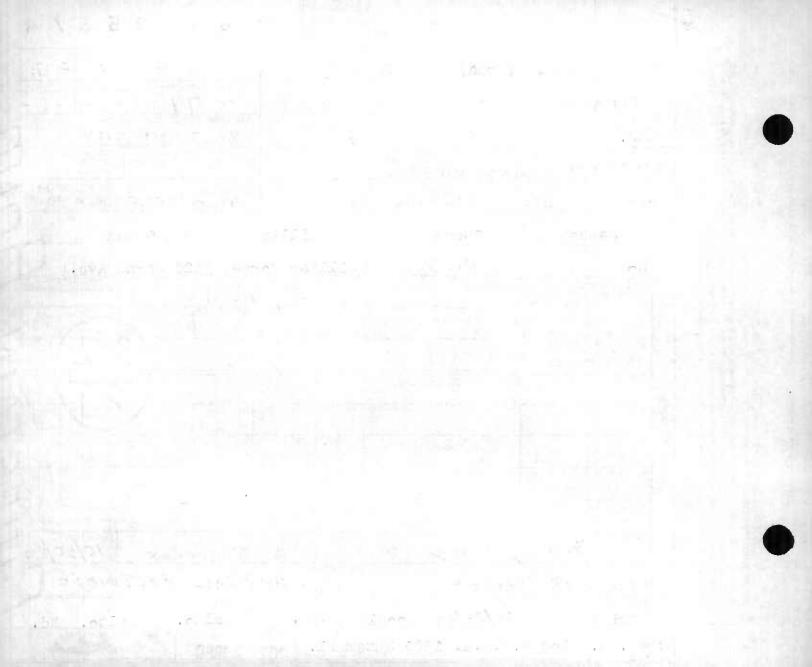
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physician. After this certificate has been sign as the burial-transit permit. Then th and Mental Hygiene prior to b arked or them 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION W	'AS PERFORMED	200 AUTOPSY?	OB. IF YES, WERE FINDI IN CERTIFYING CAUSES YES [INGS USED S OF DEATH?
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TTEND piral or prival or TTOR: A for use of Heal		22a. I certify that (I) (this hospital) saw the deceased alive an abave, (I) (we) (did) (did not) vi	0.4.80 19 and th	at in (my) (or) opinion dec	to OCF 7		, that (I) (we) last causes stated
the horn the horn the horn the horner to Depti	1	22b. SIGNATURE	1 ins	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		ESIGNED
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720 7 BP	1	SURIAL	10/0/01/11/1	LEURN OR CREMATORY	BA HO	Co.	Marine.
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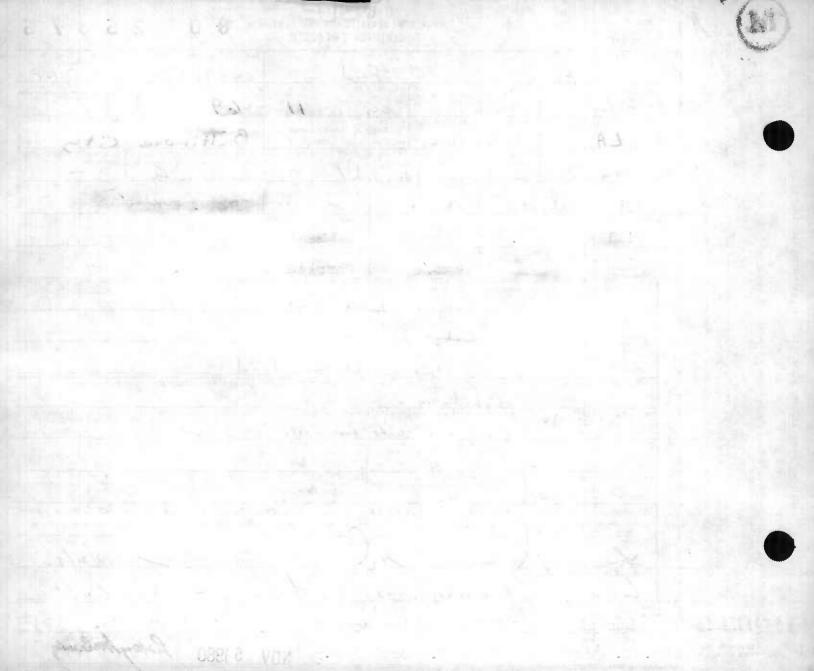


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 2n DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 80 MARION FOERSTER E. 4 RACE # UNDER 24 HRS 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR DAY DAYS FEMALE WHITE 05 08 71 YRS TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH IN CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY MAINE WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ALTIMORE GENERAL HOSPITAC BALTIMORE INSPECTOR CALVERT JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DISTILLERY 130 STATE 136 COUNTY 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS 2633 HOLLINS FERRY ROAD 21230 MARYLAND BALTIMORE YES BE 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST LAST FIRST MIDDLE EDWARD GREENSTREET HELEN **ED LUND** ADDRESS 40 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) JACOB S.M. FOERSTER, JR. 2625 HOLLINS FERRY RD NO 212-05-2384 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ROBABLE MYOCARDIAL INFARTION HOUR IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM NO I YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED | LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ö 21e. PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK OCT 6 270.1 certify that (1) (this hospital) attended the deceased from 1007 sow the decreased give on above, (1) was finded did not) view the bady after death. 80 __ and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 221. DATE SIGNED 22h SIGNATURE DEGREE DE-10-06-80 ATTENDING MEDICAL STAFF TO FUNERAL should be detact with the State [MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME LTYPE OF PRINTS 22e ADDRESS BALTIMORE GEN. HOSP 230 BURIAL CREMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE CITY OR TOWN 10-10-80 MEADOWRIDGE MEM. PK. ELKRIDGE HOWARD MARYLAND BUR TAL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 154 REGISTRAR 21229 DHMH-16 25M ADDRESS (VRA 15, 4) 1/79 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) JCHNIC Rush 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1 5AR Black 65 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED IN NEVER MARRIED COUNTRY VA USA WIDOWED DIVORCED [BALTIMORE ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore HOPKINS HOSPITAL BALTIMORE MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore 20th St. MD YES X NOF 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Holmes Bell James Marv ADDRESS 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1 6 1X James S. Ford 1911 E. 20th St. 219-10-7137 30 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY PRESTON ST., Shock. IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES D NO [71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) T. 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 71d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram. 10/08 saw the deceased olive on___ .19 🔏 🚅 __, and that in (my) (aur) opinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death. 77h SIGNATURE 22c. DATE SIGNED DEGREE MEDICAL ATTENDING PHYSICIAN MI DIRECTOR PHYSICIAN should be de with the Stat 22d PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 10/13/80 Baltimore Cem Baltimore 24. FUNERAL DIRECTOR DHMH-16 30M 2/B0 1101 E. North Ave. (VRA 15, 4) Wm. C. March F/H

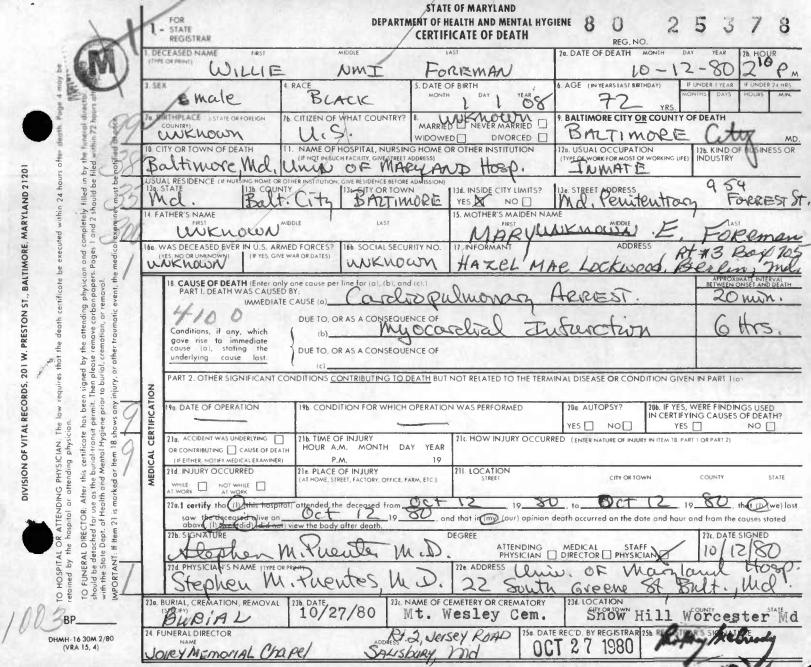
3	1	FOR STATE REGISTRAR	DEPARTI	MENT OF HE	OF MARYLAND ALTH AND MENTA CATE OF DEATH		REG. NO		5 3	7
oge 3 death		CEASED NAME FIRST MARGAN	Morris	(FOR	2010		OF DEATH A	+ 20	^	26 HOU
ector, pos	3. SE	× Female	4 RACE Negro	5. DATE OF	BIRTH 16° Ö	IR.	(IN YEARS LAST BIRTH	YRS.	IF UNDER 1 YEAR	IF UNDER
un 72 hau of once.	70. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIE		MARKETHAS		OF DEATH	
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mpletely and 2 st	14. F	ATHER'S NAME Luke	Morris Morris		IS. MOTHER'S MAIDE Matt:		MIDDLE		Dents	5
te be execut ician and co ers. Pages I of.	l 6a	WAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, G	WE WAR OR DATES		Pamela	Johnson	ADDRES		ourne	
requires that the signed by the Then please re in to burial, cretingly, or other	NOI		CONDITIONS CONTRIBUTING TO	moni			ease or cond anato			
V: The low re ysicion. cate hos beer onsit permit. Hygiene prior 8 shows ony i	CERTIFICATION	190 DATE OF OPERATION 0 /8 / 8 0 210. ACCIDENT WAS UNDERLYING	Rectal	OPERATION		20a A		IN CERTIFY YES		GS USE
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TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I IMPORTANT: IF		27d PHYSICIAN'S NAME (TYPE KUANG-	ZONG CH	EN	22e. ADDRESS	NION			L HO:	SPI
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial			metery or cremate emorial	Pk. 23d LO	CATION CITY OF TOWN Baltimo	ore	COUNTY	MI
HMH- 16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR	F/H 1101 PPRESS I		25	DATE REC'D.	BY REGISTRAR 2	_		RE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH MONTH (TYPE OR PRINT) GERALDINE F. OCT 20 1980 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS YEAR CAUCASIAN 06 40 7a. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Delaware BALTIMORE CITY . WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IPNOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS House work USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Brown Road, Rt. 6 Salisbury Maryland Wicomico NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hattie Elizabeth Wilson Jefferson Ralph 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS same as 13 IYES. NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Mr. Clifford L. Foskey (husband) 430-76-6854 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 20 Primary Belease Cirilines PART I. DEATH WAS CAUSED BY 10 years IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? none more NO 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDIC/

P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21E LOCATION

CITY OR TOWN

COUNTY

STATE

ich the 22d PHYSICIAN'S NAME (TYPE OF PRINT)

23b. DATE

220.1 certify that (1) (this hospital) attended the deceased from_

sow the deceased alive on OCT 20 above (II) we (did) (did not) view the body after death

MBBS

23c. NAME OF CEMETERY OR CREMATORY

Melson Church Cemetery

DEGREE

OCT 9

ATTENDING PHYSICIAN |

10 80

MEDICAL STAFF DIRECTOR PHYSICIAN

OCT 20

and that in (now) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED OCT 20 1980

NOT WHILE

JUSTIN CHARLES MICHETHUR

22e. ADDRESS 12B3

1620 Mc Elderer ST

Delmar, Wicomico Maryland

BALTIMORE 21205

Burial

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

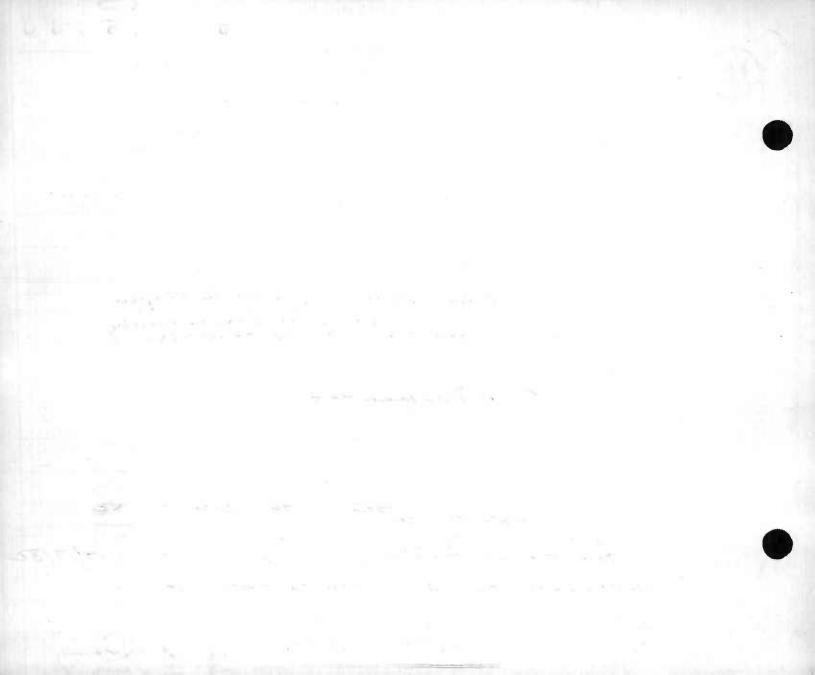
FUNERAL HOME, Salisbury, Maryland

10/24/80

OCT 20

23d LOCATION

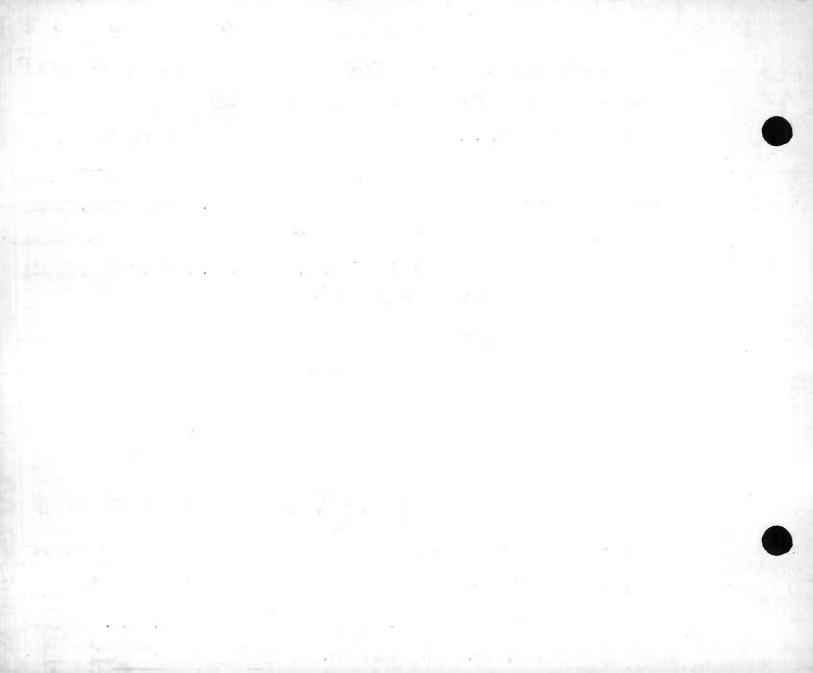
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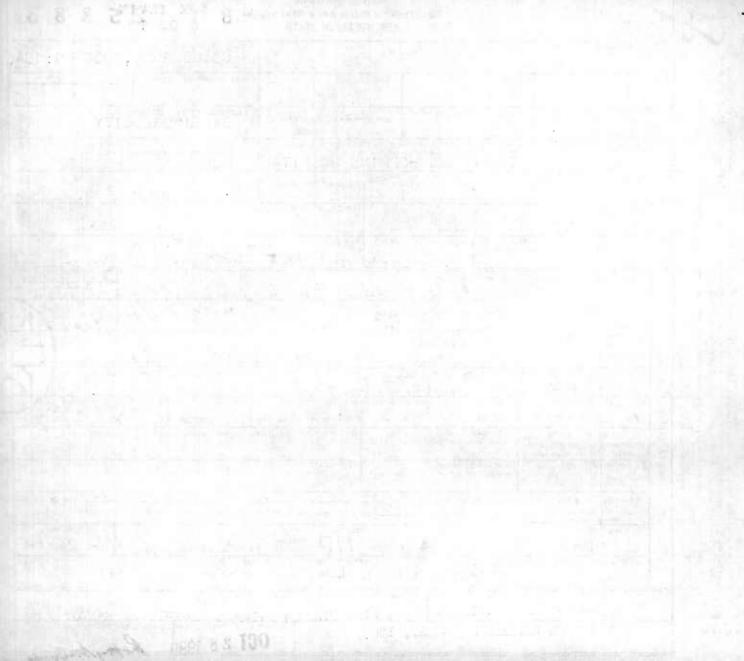


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(VRA 15, 4) 1/79

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Estimate U.A. Paltimore City

Estimate City North Charles Cen'l Cto Retired Facultiert

Parylond -- Baltimore X 807 Union Avenue (21211)

Fuch

For box Catherine Flynn

No -- 21-7-9952 Mrs. Dorothy Cx-807 Union Avenue

Burdal 11/3/80 Lorrs ne Park Com Ballrore, Larylon A. Alan Seitz Funeral Home 3 1 Koland Ave.

Leonard J Ruck Inc. Baltimore, Maryland

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

2 5

JEI T.

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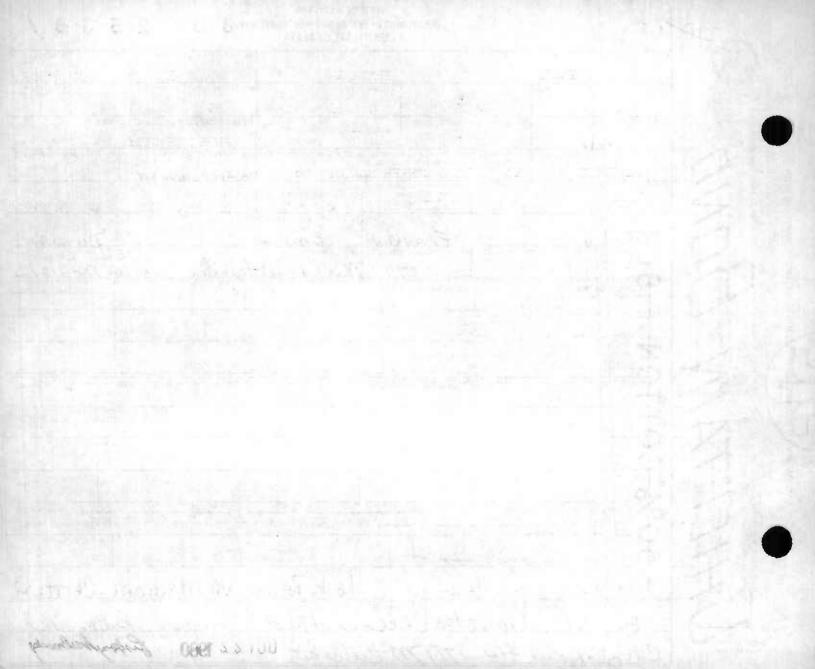
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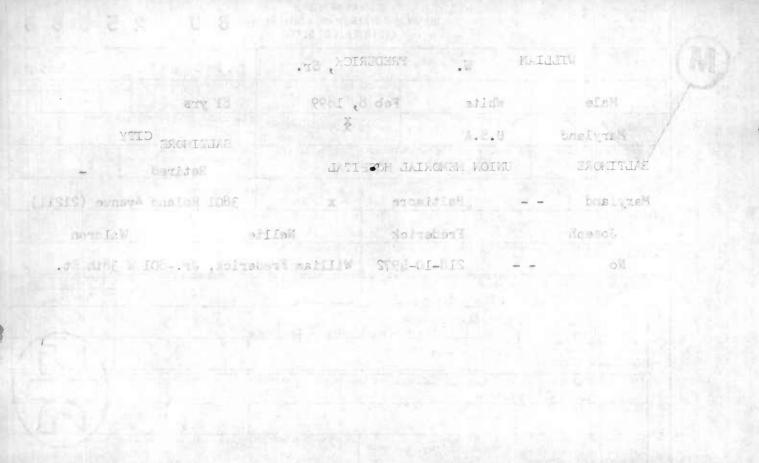
		1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 5 3 8 6								
eoth			CEASED NAME FIRST E OR PRINT)	Cora Car	rrie Fran	klin	AST		DEATH MONTH	DAY YEAR	2b. HOUR	
1		3. SE	x Female	A RACE Negroid			5. DATE OF BIRTH MONTH 21-DAY YEAR YEAR		EARS LAST BIRTHDAY)	MONTHS DAYS HOURS		
at once.	35	Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY?		8 MARRIE	MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED GHOME OR OTHER INSTITUTION COOPESS)		- 1			
natified	50	10 C	Balto.	11. NAME OF HOSPITAL, NURSING HO. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS 5105 Ivanhoe Av					OCCUPATION FOR MOST OF WORKIN	12b. KIND OF BUSINE INDUSTRY		
nould be tile	35	WSÜ 13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO		GIVE RESIDENCE BEFOR	/N	13d INSIDE CITY LIMITS? YES NO	13e. STREET /	odress Ivanhoe	Ave.		
ond 2 st examine	00	14. F/	ATHER'S NAME William Roane	WIDDLE	LAST		15. MOTHER'S MAIDEN NA SIRST Sarah		WIDDLE		LAST	
Poges I	/		VAS DECEASED EVER IN U.S. YES. NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	215-16-9		17. INFORMANT Eucretia Has	kett	ADDRESS	same		
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of Health			22a. I certify that (I) (this hospital) attended the deceased from									
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should be de with the Stot		23a I	BURIAL, CREMATION, REMOV) MIT	CHELI		1230 D	RUI)) H(L	(AUE	. 1	
			(SPECIFY) Burial	10-23			ional Mem. Pk	c. La	urel, Md.	-	ST. ST.	
- 16 30M 2/80 RA 15, 4)			INERAL DIRECTOR rnon Bailey F.	H. 1348	Calhôun's	Street		2 1 198	GISTRAR 251	STRAR'S SIGN	JURE	

STATE OF MARYLAND

70	1	- STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	YGIENE 8 U 2 5 3 8 7				
(I)		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
75	(111	PHILLIP		FRANKLIN	10	20 1980 6:05A			
0	3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
000		MALE	BLACK	4 10 15	65 YR	more and modes made			
e e	Ja. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH			
35		MA	USA	WIDOWED DIVORCED	BALTIMORE CIT	TY MD.			
ed with	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
£23		BALTIMORE	VA MEDICAL CENT		Warehoush AN				
t pe		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e. STREET ADDRESS				
should should	130.	MARYLAND	BALTIMO			RGES AVENUE 21212			
	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	2121			
3500		Jahr	MIDDLE TASI	VIVI Emma	WIDDLE	DU AD DAL			
		VAS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT	ADDRESS	115 St Goars			
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orior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED			
× 2	F				YESTA NO	TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)			
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Mentol Hygie or Item 18 sho		OR CONTRIBUTING CAUSE OF DEA		Y YEAR					
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morf		AT WORK AT WORK	tol) attended the deceosed from_	TUNE 13 19.80	october 20				
2 .5	-	sow) the deceased alive on	OCTOBER 20 19 8	O, and that in (XX (aur) apinian		, , , , , , , , , , , , , , , , , , , ,			
em 2	9	77b. SIGNATURE	view the body after death.	DEGREE		22c. DATE SIGNED			
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With the Store	1	Drivey Ben	1502 HINT MO	Loch RAYE	n VA Medic	al Center			
3 ₹	23a.	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION	A OUNTY STATE			
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2/80	24 F	UNERAL DIRECTOR	AODRES	CO 10 1 250, DAI	TE REC'D. BY REGISTRAR 25b. REG	BTRAP'S SIGNATURE			
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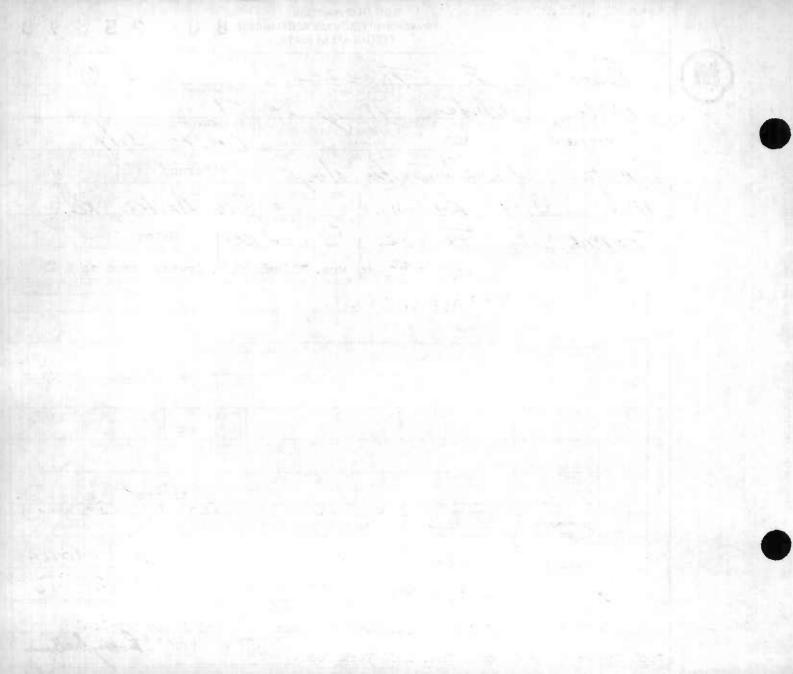
STATE OF MARYLAND



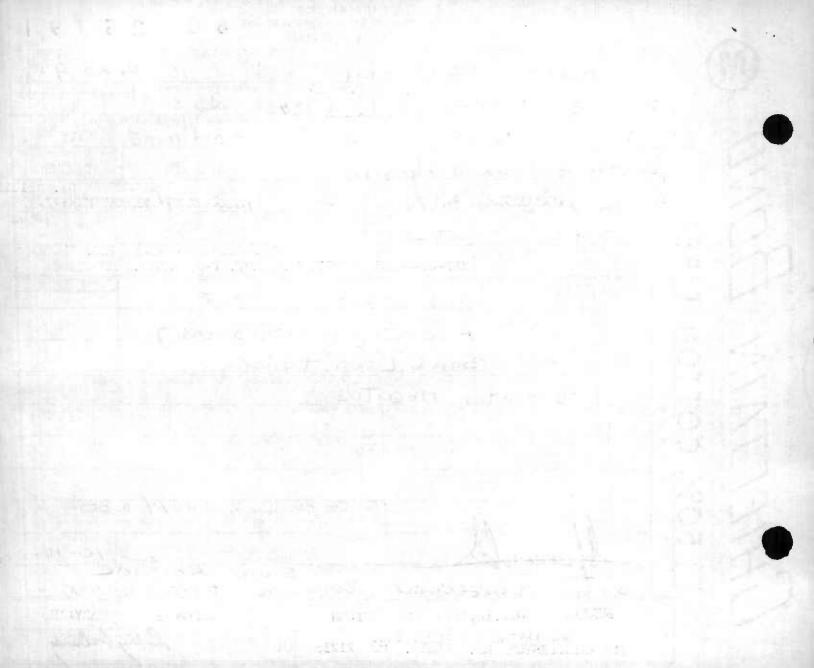


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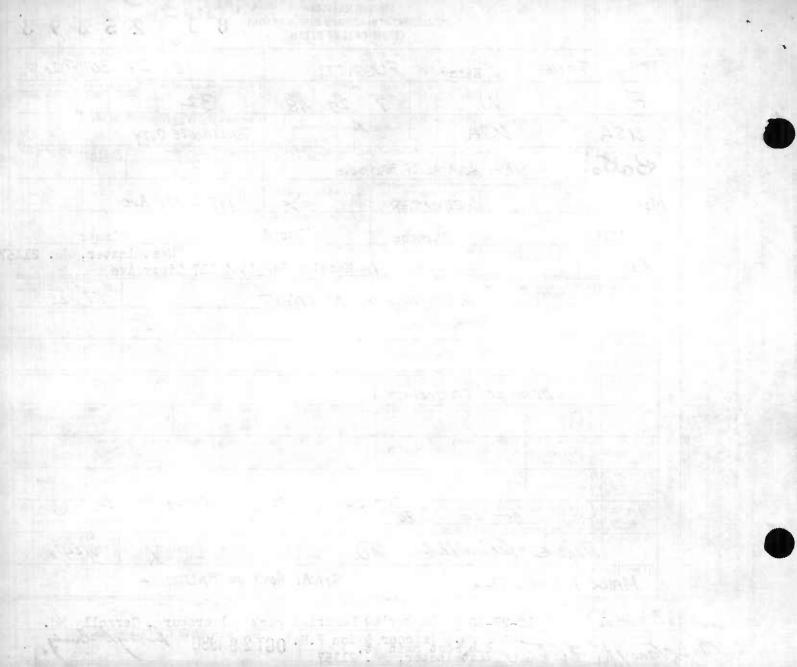
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH (TYPE OR PRINT) 58 ATIE 80 RIEDMA 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR FEMAL 86 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED RUSSIA WIDOWED XXX DIVORCED SALTIMORE 10. CITY OR TOWN OF DEATH OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME ACTIMORE 7018 SURREY DR. #21215 13d. INSIDE CITY LIMITS? 13e. STREET_ADDRESS 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME HOHE LAST FIRST UNKNOWN LAST FIRST HOFFSTEIN BEN ZION 160. WAS DECEASED EVER IN U.S. ARMED FORCES? MRS. MILDREDDGESTZEN 166 SOCIAL SECURITY NO. 17. INFORMANT 7205 BROOK-(YES, NO OR UNKNOWN) 217-24-4895A CREST WAY, APT. T-3, BALTO., MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY RDIORESPIRATORY IMMEDIATE CAUSE (0) CORONARY DISEASE) Conditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO [71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DIVISION OF VIT 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 HE EITHER NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 211 LOCATION 0 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 10-06-60 22a.1 certify that (1) (this haspital) attended the deceased from 716 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN IMPORTANT: MA PHYSICIAN SMAME (TYPE OR PRINT 22e ADDRESS should be R. GREENWAD 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION OCT.16,1980 BETH TFILOH BATTIMORE COUMARYLANDIATE 24. FUNERAL DIRECTOR 6010 REISTERSTOWN RD. DHMH-16 30M 2/80 21215 (VRA 15, 4)



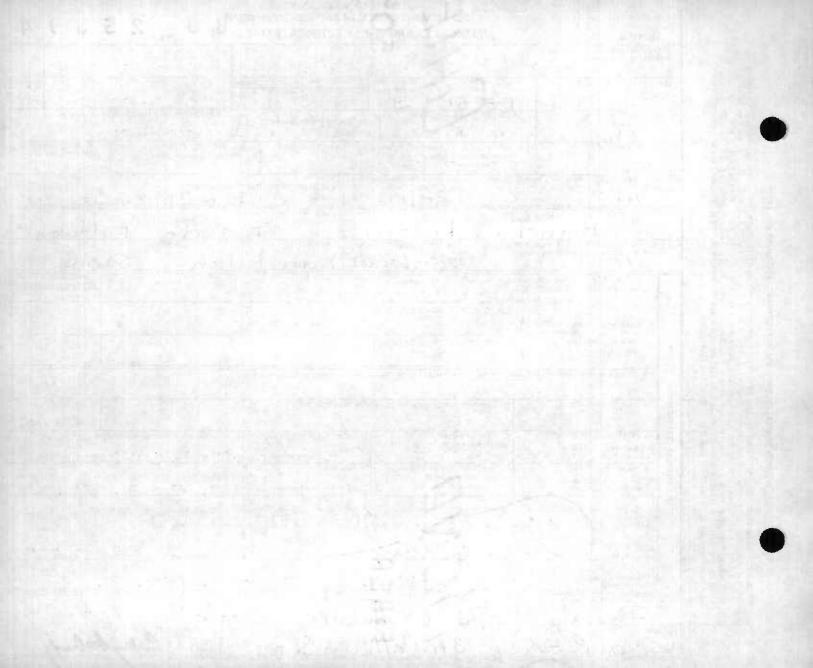
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR . DECEASED NAME 20. DATE KNOWN IX MONTH DAY (TYPE OR PRINT) OF ESTI-VIRGINIA FRIFIND 10 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. . SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED female 1080 negro DEAD 28/8049 a M TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Md U.S.A. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS FOR MOST OF WORKING LIFE) 221 Travers Way Baltimore none WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 1136. COUNTY 1136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Baltimore Baltimore Travers Way 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Elwood Friend Alice Johns 17. INFORMANT ADDRESS IAL SOCIAL SECURITY NO. Easton, Md. (YES, NO, OR UNKNOWN) Elwood Friend Old Trappe Rd 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: Hypertensive cardiovascular disease DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. II LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held on Inspection Natural causes Accident Homicide Undetermined monner death resulted fram: TITLE (SPECIFY) 10-2-80 ACTUAL Assistant DATE SIGNATUR SIGNED DEAT! EXECUTE THE PAGE 4 SHORE A SHORE A SHORE A SHORE A SHORE A SHORE BEAT AFTER DEAT BALTIMORE, 111 Penn St. Ann M. Dixon, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial Preston Caroline 24. FUNERAL DIRECTO DHMH 17 (VR A15 ME (5)) Dashiell-Rees 426 Dover St Eastonmd 15M 7/76

Are I

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME MUDDLE 20. DATE KNOWN MONTH DAY YEAR 2b HOUR X (TYPE OR PRINT) OF ESTI-FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5, WITH DURS Cardel Fulton 10 2019 80 2d. HOUR 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 3. SEX DATE LAST BIRTHDAY) 11:30 PRONOUNCED Male DEAD Black 2019 80 1-8-51 n 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore City WIDOWED 12a. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore University Hospital BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS 125 N. Culver 13d. INSIDE CITY LIMITS? YES M NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME NOF 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? PAGES (YES, NO. OR UNKNOWN) DIVISIO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? TO BURIAL, NO . E 3 SHOULD BE E DEPART/AENT PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR TO MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL driver in auto/fixed object impact 21f. LOCATION 21d. INJURY OCCURRED 210 PLACE OF INJURY LATHOME. STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE STATE C Reisterstown Rd & Mt. Wilson Rd. Balto.Co. AT WORK street DIRECTOR: , WITH THE S Inquiry 72s. I certify that J took charge of the rain descended above, held an Autapsy and in my apinian Undetermined manner death resulted by TITLE (SPECIFY) Denuty Chiefedical examiner TO FUNERAL I AFTER DEATH, BALTIMORE, M. SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS. 111 Penn St. Balto.. TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE BP. **DHMH-17** VR A15 ME (5)) 15M7/76



Balto., Md.

21212

4905 York Road

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

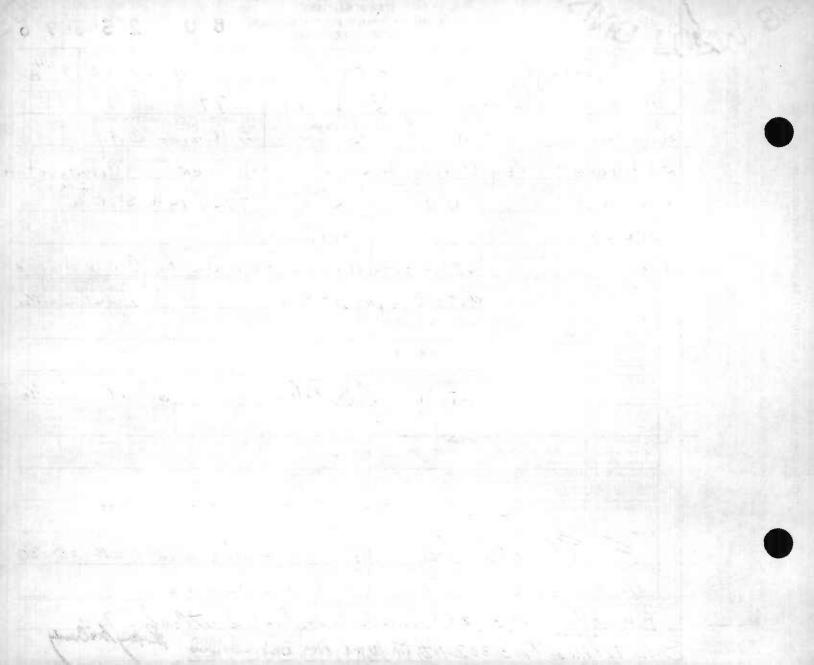
NAME: Arvelia Garrison

DATE OF DEATH: October 21, 1980

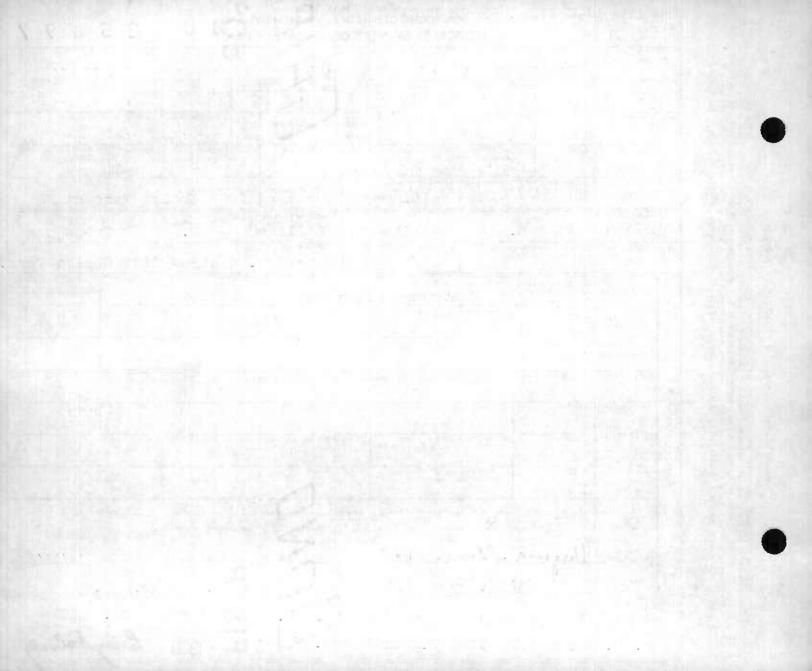
PLACE OF DEATH: Baltimore City SEE: #80-25399

Baltimore City





1. DEC	STATE REGISTRAR CEASED NAME	FIRST		PARTMENT DICAL EXAL MIDDLE		MARYLAND H AND MENTA CERTIFICATE		TO U	G. NO. 2	5 3	9 7
(TYPE	E OR PRINT)	Brett	F	dward		Gaskins		OF ESTI	-		4
3. SEX		CE S. D	ATE OF BIRTH	I6 AGE		NDER 1 YR. IF UND	DER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONT	12 19 80 H DAY YEA 12 19 80	3; 40
Je BIF	RTHPLACE (STATE OR REIGN COUNTRY)	7b. 0	USA 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY WIDOWED DIVORCED BALTIMORE CITY OF COUNTY BALTIMORE CITY OF COUNTY BALTIMORE CITY OF COUNTY BALTIMORE CITY OF COUNTY COUNTY O						INTY OF DEATH	M	
Bal	ty or town of de Ctimore		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 124 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINES OR INDUSTRY) 5310 GWUNN OAK AVENUE								
13a. ST	AL RESIDENCE (IF IN MI TATE MD	135 COUNTY	er institution, give	RESIDENCE BEFORE A 13 CITY OR TO Balti		13d. INSIDE CITY LIMITS	13e. STE	08 Che	Lsa Te	errace	
F	Howard		DDLE	Gaski		15 MOTHER'S MA	an and	B.		Green	
160. W (YE	VAS DECEASED EVER ES, NO OR UNKNOWN) NO	R IN U.S. ARMED I		N/A	CURITY NO.	Howard	G. G	askins	2908		
	18. CAUSE OF DEA PART I DEATH V	ATH (Enter anly and WAS CAUSED BY:		or (a), (b), and (c)		eactism				APPROXIMA BETWEEN ON	TE INTERVAL
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
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TIFICA	2 July 18		178. CONDIT	ON FOR WHICH	OPERATION V	VAS PERFORMED?		3 1 2		20. AUTOPS	Y? NO 🗆
CAL CERTIFICA	210. EXTÉRNAL CAU UNDERLYING CONTRIBUTING	USE WAS OR CAUSE OF DEATI	21b. TIME OF I HOUR A.M.	NJURY MONTH DAY	21c. H	VAS PERFORMED?	RRED (ENTER	NATURE OF INJURY IN I	TEM 18 PART 1 OR	YES V	
CALC	UNDERLYING CONTRIBUTING CONTRIBUTING COURT 218. INJURY OCCUR	USE WAS OR CAUSE OF DEATI	21b. TIME OF HOUR A.M. H P.M. 21e. PLACE O	NJURY MONTH DAY	YEAR 21t. H		RRED (ENTER	NATURE OF INJURY IN I CITY OR TOWN		YES V	
MEDICAL CERTIFICA	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT COURT COURT CONTRIBUTION COURT CO	USE WAS OR CAUSE OF DEATI RRED T WHILE WORK	21b. TIME OF HOUR A.M. H P.M. 21e. PLACE OI STREET, FACTO	MONTH DAY FINJURY (ATHO	YEAR 216. H	DCATION STREET psy X Inspec	ctian ,			YES VEX	NO []
	UNDERLYING CONTRIBUTING 1218. INJURY OCCUR WHILE NOT AT WORK 1 AT V	USE WAS OR CAUSE OF DEATI RRED T WHILE WORK	21b. TIME OF HOUR A.M. H P.M. 21e. PLACE OI STREET, FACTO	MONTH DAY FINJURY (AT HO PRY, FARM, ETC.)	YEAR 21c H 9 an Autal Suicide	DCATION STREET Inspec	ctian , , Undet	Inquiry , ermined manner	and in my	YES VEX	NO []
230.BU	UNDERLYING CONTRIBUTING 121d. INJURY OCCUR WHILE AT WORK AT W 22a. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, J	USE WAS OR CAUSE OF DEATI RRED T WHILE WORK 1 I took charge of t m: Natural ca	21b. TIME OF HOUR A.M. H P.M. 21e. PLACE OF STREET, FACTO The remains describes with the second street of the seco	FINJURY (AT HO PRY, FARM, ETC.) ribed above, held Accident , lan volan, M.	YEAR 21c. H	DCATION STREET PSY X. Inspection ITITLE (SPECIFY M.D. ASSISTA	ction , Under	Inquiry , ermined manner	and in my DAI SIG	YES	NO
23o.BU	UNDERLYING CONTRIBUTING 21d. INJURY OCCUR WHILE NOT AT WORK AT V 22a. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	USE WAS OR CAUSE OF DEATI RRED T WHILE WORK I I taak charge af t m: Natural ca Lug E Virgin REMOVAL 23b. D.	21b. TIME OF HOUR A.M. H P.M. 21e. PLACE OF STREET, FACTO The remains describes with the second street of the seco	FINJURY (AT HO FINJURY (AT HO RY, FARM, ETC.) ribed abave, held Accident , Clan , Olan, M. 236. NAME C	YEAR 21c. H	DCATION STREET PSY X, Inspect TITLE (SPECIFY A.D. ASSISTA ADDRESS 111 DR CREMATORY Mem. Pk.	ction , , Under) ant MED Penn 23d LC	Inquiry	and in my DAT SIG	YES YY COUNTY apinian TENED 10/1	NO

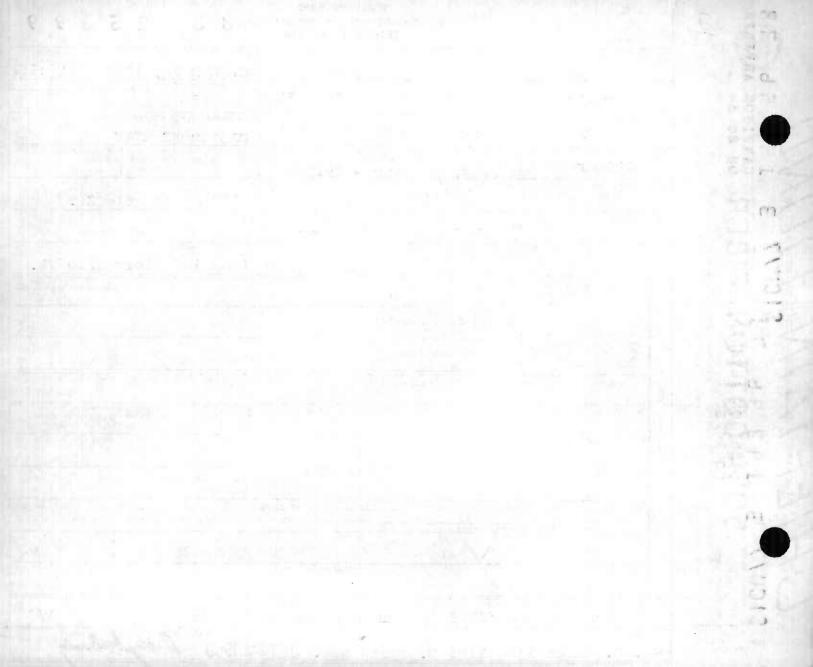


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

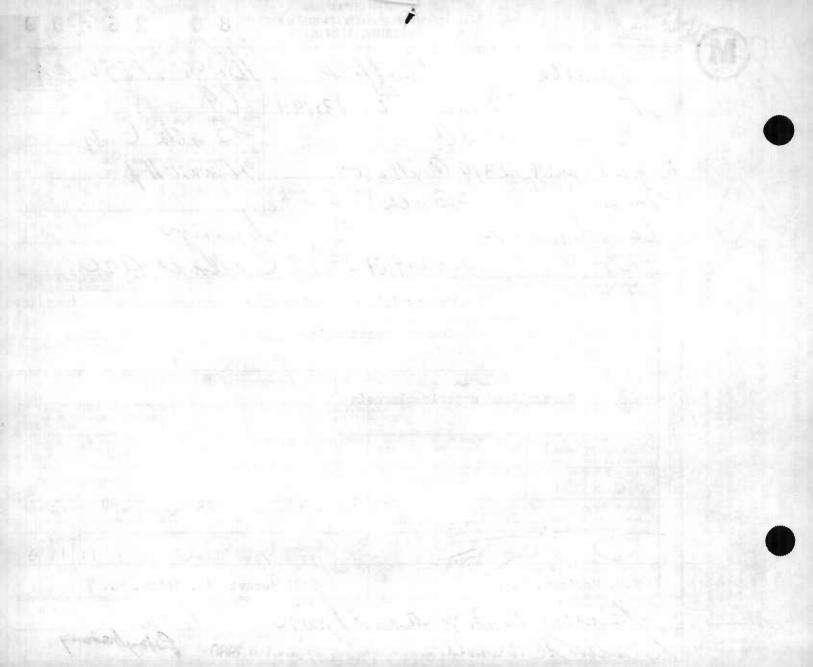
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 980 ARVET, TA GARRISON 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 32 MONTH Female Negro 26 48 To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED VA USA WIDOWED DIVORCED [BALTIMORE CITY 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore **INDUSTRY** JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
112c. CITY OR TOWN 107 Albermarle St. 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? YES P 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Whittle Cephas Hepburn Mary 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A Robert Garrison 107 Albermarle St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. PRESTO Conditions, if ony, which gave rise to immediate cause (a), stating the mattered cerebral outers and energen underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO [21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOWINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from. Oct sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave; (1) (we) (did) (did not) view the bady after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN & DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS JOHNS HOPKINS HOSPITAL HEFFEL 23d LOCATION 23s. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Whiteman Burial 10/27/80 Church Cemetery 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR PREGISTRAPS SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) Wm. C. March F/H 1101 E. North Ave.



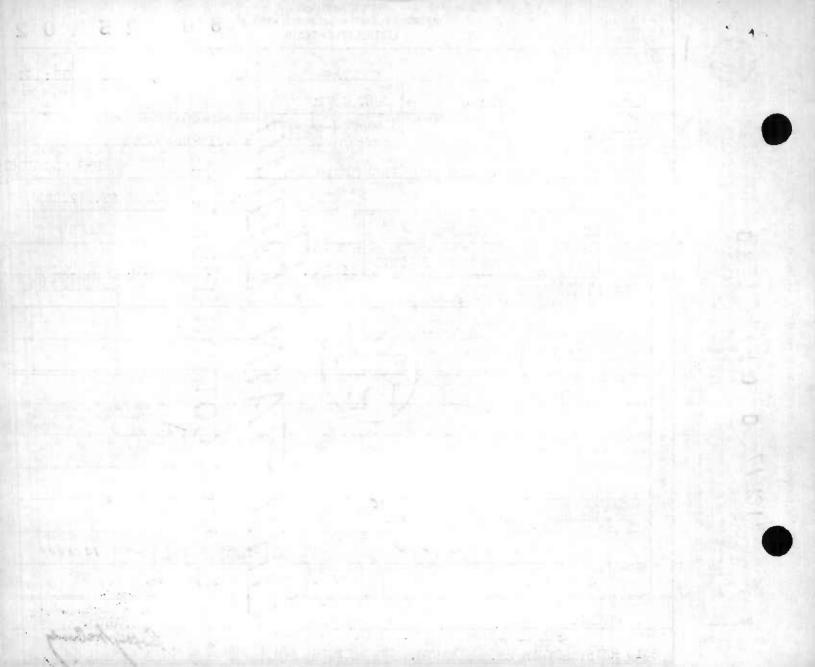
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rs after y the d with	K	1 mollours	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS)	ne	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		SINESS OR
124 ho	130	AL RESIDENCE (IF NURSING HOME DR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TY 13c. CITY OF TOWN		STREET ADDRESS	1	1.34
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BALTIMORE, fileate be execution and compers. Pages 1 so oval. event, the me	16a V	VAS DECEASED EVER IN U.S. ARN	MED FORCES? 166 SOCIAL SECURITY NO. 25-24-990	17. INFORMANT (23/9 (B allow	ss are	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), and (c'.)			APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
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PHYSICIAN PHYSICian. By physician. Unial-transit in Unial-transit in Mental Hygid Mental Hygid Mental Hygid		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19				
ke dir dir	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
S		22a.1 certify that (I) (this hospita	al) attended the deceased fromJar	1 1, 19 80	to Oct 9	19_80 that	(ID (we) last
ATTE pital or ECTO for use or L1		saw the deceased grive on	Tit 10, 19 80 , o	and that in (my) (aur) apinion d	leath occurred on the do	te and hour and fram the caus	es stated
DIR head		THE SIGNATURE		DEGREE		22c DATE SIGN	VED
by the hos by the hos ERAL DIF e detached State Dep			My My		MEDICAL STAF	IAN U	10/10
TO HOSPITAL TO FUNERAL should be detac with the State I		22d PHYSICIAN'S NAME (TYPE OR		22e ADDRESS	wared a DJ T) -1 + - MD	
TO HOSF retained to TO FUNE should be with the VIMPORTY	22- 5	S.D. Madison,			ravia Rd. I	pailo, MD.	
000CBP	230. 8	URIAL, CREMATION, REMOVAL	11) 13, 50 ISC NAME OF	CEMETERY OF CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
DHMH-16 25M	24 FL	INERAL DIRECTOR	1) Confirme	250. DATE	REC'D. BY REGISTRAR	STATUBLE STRATES	,
(VRA 15, 4) 1/79	1	I salw AC	Larra Caress	DETT	0 1980	history)	3.0



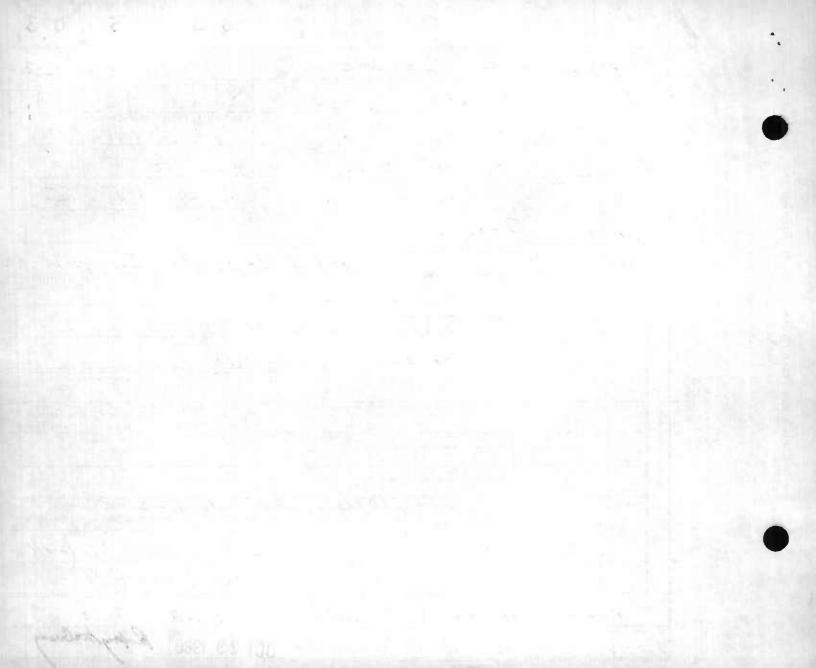
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME a. DATE KNOWNXX (TYPE OR PRINT) OF ESTI-William. John 10 20, 80 Gegorek Sr. 4 RACE 3 SEX & AGE (IN YEARS | IF LINDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED male white 10 20, 80 Feb. 19 1930 50 YRS Jo. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY)
Maryland U.S.A. Baltimore City DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NOT IN SUCH FACILITY GIVE STREET ADDRESS)
SouthBaltimoreGeneralHospital Baltimore Tug-boat Captain Maritime USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN Baltimore 209 N. Kenwood Ave. Marvland YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Walter Balcer Gegorek Catherine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS 217-26-1585 No Theresa H. Gegorek, 209 N. Kenwood Ave. 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY STATE CITY OR TOWN WHILE AT WORK TO MEDICAL EXAMINER:
EXECUTE THE CRRIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Undetermined manner TITLE (SPECIFY) 10/20/80 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. Baltimore, MD 21201 23c. NAME OF CEMETERY OR CREMATORY 10/23/80 St. Stanislaus Cemetery Baltimore Maryland 251 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Geoffice A. Weber & Sons Inc. 705 S. Ann St. 21231 DCT VR A15 ME (5)

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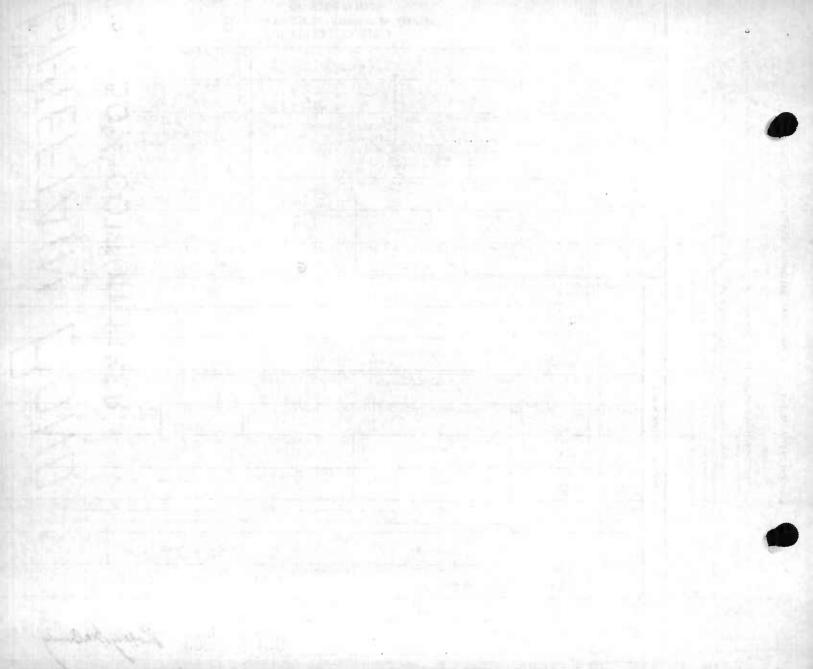
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by the fur filed within		BALTIMORE	(IF NOT IN SU THE JC	HNS HOPE	GHOME (ADDRESS) KINS	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIN	S CLO	
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be execut on ond co	16a. \	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 217-58-			. VIOLA COM ARD ST.	ÉN BALTO.	. MD	2123	31
cquire, thou the depth cautificate be executed within 24 squire, thou the depth cautificate be executed within 24 is signed to the ethnology and campletely filled here places remove carbonded to board a should to build, cremotion, Q (genovol.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, C DUE TO, C (b) DUE TO, C (c) T CONDITIONS C	DR AS A CONSEQUE Pulmonar DR AS A CONSEQUE Congasti	NCE OF	ing arrest in lism art failure NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART	T 1(o)	
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DIVISION OF VITAL RECORDS. No. PHYSIGAN: The wrequire that this certificate be stem sign as the buriot fransit permit. Then he and Mental Hygiene prior to be or them 18 shows any injury orked or them 18 shows any injury	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER. NOTIFY MEDICAL EXAMINATION OF COURTED WHILE AT WORK ALWORK ALWORK	DEATH HOUR A		19	216. HOW INJURY OCCURE 216. LOCATION STREET	CITY OR TO	wn	COUNTY		STATE
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O HOSPITAL TO FUNERAL should be de with the Stott		22d PHYSICIAN'S NAME (TYP	E OR PRINT)			<u> </u>	as Hopkins			70 70	
9/05 _{BP}		BURIAL, CREMATION, REMOV (SPECIFY) BURIAL UNERAL DIRECTOR SOI	OCT. 10	1980	SHAAI	EMETERY OR CREMATORY REI ZION 125- DAI	23d. LOCATION CITY OR TOWN ROSEDAI E REC'D. BY REGISTRAN		BALTO		STATE OF THE
DHMH-16 30M 2/80 (VRA 15, 4)		010 DETCTEDET		DN & BROS.			1 1 1980	Buth	7/10	7	



- 4	1			STATE OF MARYLAND			
6	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 O	2 5 4	0 3
e d	1 DE	CEASED NAME FIRST OR PRINTING HELENA	G. CEU	RG E	26 DATE OF DEATH	MONTH DAY YEAR	20 1100K
ge 4 moy	3 SE			ATE OF BIRTH MONTH DAY YEAR 11 2 9	6 AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS
eoth. Poor narel dir.		RTHPLACE (STATE OR FOREIGN 76 CITIZ DUNTA BALTIMARE 24	. S. A M	ARRIED NEVER MARRIED DOWED DIVORCED	2 -	LTIMBRE	Cites MD.
softer d by the fu	10 C	BALTO- 11. NA	ME OF HOSPITAL, NURSING HO OT IN SUCH FACILITY CHARGIZEET ADDRESS OUIDEN		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	EWORKING LIFE) INDUST	D OF BUSINESS OR RY
AND 215	13a S	RESIDENCE (IF NURSING HOME OR OTHER IN:	STITUTION, GIVE RESIDENCE BEFORE ADMIS 13 CITY OR TOWN	ision) 13d Inside City Limits? Yes 20 NO [13e STREET ADDRESS	VIDENT	ST
ted within completely and 2 share	14. FA	THERS NAME HAMES MODER	RASONIAST	15 MOTHER'S MAIDEN NAM	WE		LAŜT
BALTIMORE, cote be execut cote be execut opers. Pages, J. vol		(AS DECEASED EVER IN U.S. ARMED FO ES, NOOR UNKNOWN) (IF YES, GIVE WAR OR E		John G. V	ACKSON 39	55 T Spring	dale AVE
STON ST., both certific fending ph e corbang ph e corbang on, or remo		18 CAUSE OF DEATH Enter only one concern PART I. DEATH WAS CAUSED BY: 3 40 CAUSED BY: Conditions, if any, which	E (a) HT. HE	CAIPLECIA.	CYD	APPI BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
201 es the ned b pleos vriol,		gave rise to immediate cause (a), stating the underlying cause last	ETO, OR AS A CONSEQUENCE	OF MALNUTRI		DITION GIVEN IN PART	Na
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require ottending physician. Ifter this certificate has been sign as the burial-tronsit permit. Then th and Mental Hygiene prior to be orked or ten 18 shaws any injury	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPER	ation was performed	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEATH? NO
VISION OF VITAN S PHYSICIAN: The intending physician physician in the buriab-tronsit and Amental Hygies and Amental Hygies and or Item 18 shown and a			TIME OF INJURY DUR A.M. MONTH DAY Y P.M.	Z1c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART I OR PART	2)
DIVISION DING PHYS or attendin After this c e as the bur oith and Me	MEDICAL		PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
ATTENDING spiritel or o ECTOR. After of for use as t of Health m 21 is mort		22a.l certify that (1) (this haspital) atterage saw the deceased alive an abaye. The (we) (did) (did not) view the	10/23 1980	_, and that in (my) (aur) opinian o	ta, tadeath accurred on the do	23, 19 80 ate and have and fram	_, that (I) (we) last the causes stated
OR he		226. SIGNATURE	Infill m.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	EE /	o /24/80
HOSPI hined be build be th the S		220. PHYSICIAN'S NAME (TYPE OR PRINT) CIBERT L' B	PANELELO M.I.	22e ADDRESS	· Jullin a	n	-
120 7 BP	*(URIAL, CREMATION, REMOVAL 23b. D PECIFY) BURIAL 10	129/80 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		STATE
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FI	NERAL DIRECTOR NAME CKS FUNERAL H	lome 1304n.C	entral a 250. DATE	T 29 1980	25b. RES TRAITS 510	Cherry



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			1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYO	SIENE 8 O	2 No.	5	ė]	0 4
PAR.				EASED NAME FIRST		WIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
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	00 5		3. SEX		4. RACE		S. DATE		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UND	DER I YEAR	IF UNDER 24 MRS
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eath. P	n 72 ha	135	CC	RTHPLACE ISTATE OR FOREIGN UNTRY) MARYLAND	U.S.	A.	MARRIE	D NEVER MARRIED	BALTIMO			EATH	M
offer d	y the fund led within	(He e		Y OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN TH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	ATION STOF WORKING	12b G LIFE) IN	DUSTRY	F BUSINESS OR
20	e file	2		ALTIMORE L RESIDENCE (1F NURSING HOME O		NAI HOSPI			MANAGER			5 SPC	ORTSWEAR
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MAN y	du S	300		ABRAHAM AL	EXANDER	GROTT	Γ	IDA	THIS DEC	(JNK	NOW	11
RE, ecut	d co	edical		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT RAN	DALLSTOWN,	MD 2	21133		
WO X	Pag	E	N		TE WAR ON DATES!	220-05-9	9025	BARRY GERSKO			OK F	₹D.	
ALTI	sicial pers.	‡		II CAUSE OF DEATH (Enter o	inly one couse per								MATE INTERVAL
en con	phys	/ent,		PART I. DEATH WAS CAUS	ED BY:	CARDIO		e stock					JASE! AND DEAM
S S	rbar re	ric e		III I I IMMEDIA	ATE CAUSE (0)								
ESTON	e co	DHO		Godding it and the	DUE TO, O	R AS A CONSEQUE	ENCE OF						
e de	e at may	tra		Conditions, if ony, which gove rise to immediate	(b)_							-	
¥ + 10	y th	athe		underlying cause lost.	DUE TO, O	R AS A CONSEQUE		ERIOR MUNE	ARDIAL IN	FARCT	TON.		
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RECORDS	c F	any ii	CERTIFICATION	190 DATE OF OPERATION IS	1110			N WAS PERFORMED_	200 AUTOPSY?		YES. WEE	RE FINDIN	NGS USED
8 0	as b perm	59	낊	- fur kine-	27	A-	V O	lacocalien'		IN CER	TIFYING		OF DEATH?
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N OF VI	100 00 00	9		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	AY YEAR	THE HOW MYJORY OCCUR	RED (ENIER NATURE OF IP	JURY IN HEM II	B, PART TO	KFAKI 2)	
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DIVISION OF VITAL NG PHYSICIAN: The	this he b	0	MED	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR	OWN	co	YTMUC	STATE
20 07	os t	marked		AT WORK AT WORK			1.0		1.15			77-2	
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ATTA	T L	n 21		saw the deceased alive a above, (1) (we) (did) (did n		ofter death.		nd that in (my) (aur) apinion	death occurred on the	dote and h			
N S	chec	- ±		226. SIGNATURE	Vo.	0. 0. 1		DEGREE	11501511		2	22c. DATE	SIGNED
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SPIT	S e o	TA /		22d. PHYSICIAN'S NAME (TYPE		Y		22e ADDRESS	MARK		97		14000
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2 6	743	3	23a. B	URIAL, CREMATION, REMOVA	L 236 DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN				STATE
1831				BURIAL	10-5-	80 RNI	AT TSI	RAEL-MISHKON		LTO	COUNT		MD
DHMH-10	60M 1/73		24 FU	NERAL DIRECTOR SOL L	EVINSON	& BROS,	INC.	2004	E REC'D. BY REGISTRA	AR 25 TES	RARIS	New Co	URE
(VP A	15 (4))			NAME 6010 REIST	FRSTOWN	RD RAIT	ro i	AD 21215 UU	8 1980	1	700		7



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ond campletely filled in by the funeral director, page 3 toges 1 and 2 should be filed within 72 haurs ofter death

ar Item 18

FOR STATE OF MARYLAND

POR STATE REGISTRAR

STATE OF MARYLAND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	4 , 0 4
	1. DECEASED NAME FIRST	O C AT J.	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 5
	AL	-5261	GIBA	10-1	1-80 1 DM
	3. SEX Male	4 RACE White	5. DATE OF BIRTH NOV. 29 1898	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
				81 YRS.	
g	7a. BIRTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
	New York		WIDOWED DIVORCED DIVORCED DIVORCED	Baltimore	City MD.
1	Baltimore	(IF NOT A SUCH EACHLITY, GIVE STREET A	ADDRESS) Hospital	TYPE OF WORK FOR MOST OF WORKING LI	
5	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 13b COU Maryland	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JNTY 13c. CITY OR TOWN Baltimos	'N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Ba	alt., Md. 21201 S Street
1	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		147
1	Bela	Giba	Barbara		Novak
1	160 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SECUI	RITY NO. 17 INFORMAN Broth	er: ADDRESS Tequ	iesta, Fla.
	No	064-10-63	387 John J. Giba	78 Fairview Eas	
	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the	poly one couse per line for (a) b, one ED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	Send Fal	In Cinest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(o)
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
	0.0000	HOUR A.M. MONTH DA	YEAR 19 21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	GENERAL STATES OF THE STATES O	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive as	n 19 19 19 19 19 19 19 19 19 19 19 19 19	7, and that in (my) (our) opinion	deoth occurred on the date and hou	19, that (I) (we) lost or and from the couses stated
	22b. SIGNATURE	() Risa	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 10/11/80
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT	MO 220. ADORESS Mer	CY HOSPIT	tal_

23c NAME OF CEMETERY OR CREMATORY

Green Mount Cemetery

TO FUNERAL DIRECTOR: should be detoched for us with the Stote Dept. of Hee MPORTANT: If them 21 is n

14 FUNERAL DIRECTOR

NAME
Leonard J. Ruck, Inc. Baltimore, Maryland

23b. DATE

Oct 14 1980

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

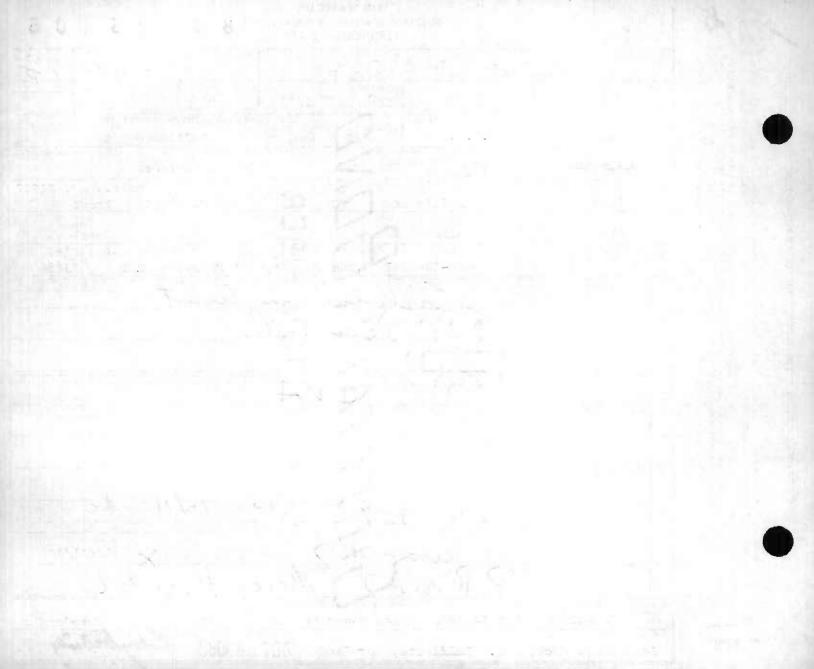
Cremation

OCT1 4 1980

23d LOCATION CITY OR TOWN
Baltimore

Mary Pand

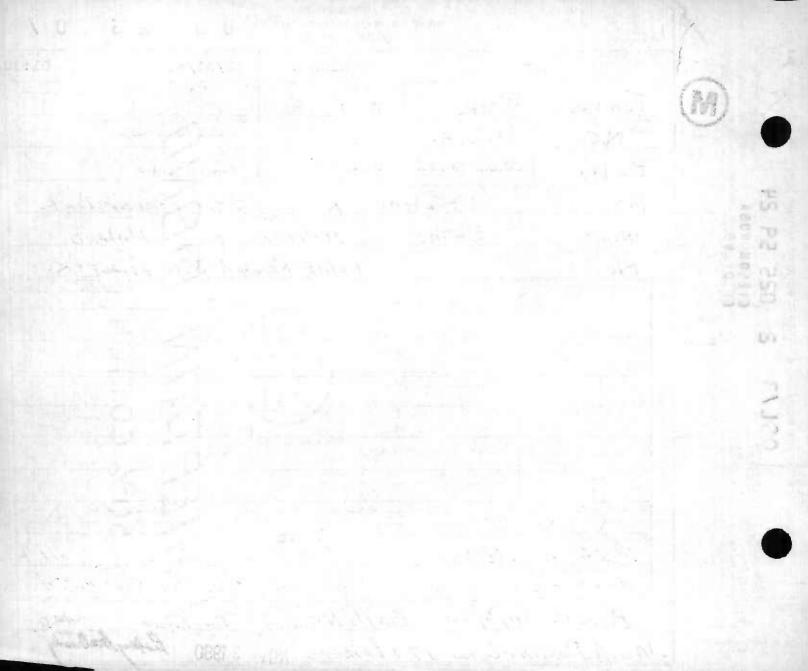
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME MONTH 0. DATE KNOWN (TYPE OR PRINT) ESTI-John Gibson 10 80 DEATH MATED XX YEAR 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 5EX IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED male white 80 5:45P DEAD 10 12 00 80 YR 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City U.S. WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY 2020 Fountain Street Baltimore 몶 LISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113e. STREET ADDRESS 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY Md. Balto. YES [NO [2020 Fountain St 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PAGES Unkn. 166-09-9121 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF NO XX YES [] 3 SHOULL DEPARTMENT (PRIOR TO BURN 띪 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211. LOCATION STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 22a. I certify that I took charge of the remains described obave, held on Autopsy Inspection Inquiry DIRECTOR: deoth resulted from: Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 10/15/80 TO FUNERAL DAFTER DEATH, SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME ADDRESS 111 Penn Street, Balto., MD 21201 Hormez R. Guard (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b, DATE STATE 10/28/80 Removal 250. DO REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Anatomy Board Balto., Md. 15M7/76

Little for details and the control of the control o will be with Bratony Roans Palto, M.

1	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 ()	2 5 4	0 7
be th		CEASED NAME FIRST RC	DSA.	GIBSON		AONTH DAY YEAR	2b. HOUR 01:38
(M)	3. SE	Female	1. RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 8 2	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMOR BALTIMOR	COUNTY OF DEATH	MD.
after the for the formal and the for	10. C	BA HO	JUHNSSHEAUPKTK	NG HOME OR OTHER INSTITUTION SDRESHOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
MARYLAND 2120 C 24 ed within 24 hours (0 5 A mpletely filled in by and 2 should be fill examiner mushbe in	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF			13e STREET ADDRESS	OREST PA	PRK
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DHMH-16 30M 2/80 (VRA 15, 4)	24. FI	INERAL DIRECTOR ANAME A MORTO	NE GAIS ADDRESS	OI LAURENS NO	ATE REC'D. BY REGISTRAR 2	She GISTRAR'S (GIV	URE



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DHMH-16 30M 2/80

(VRA 15, 4)

REGISTRAR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 METHSTASES 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred an the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL (SPECIFY) CITY OR TOWN 10/7/80 Crest Lawn Mem. GardensMarriottsville, Howard, Maryland burial BY REGISTRAR 256. REGISTRAR'S SIGNATURE SLACK Funeral Home Ellicott City, Maryland 21043

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

CERTIFICATE OF DEATH

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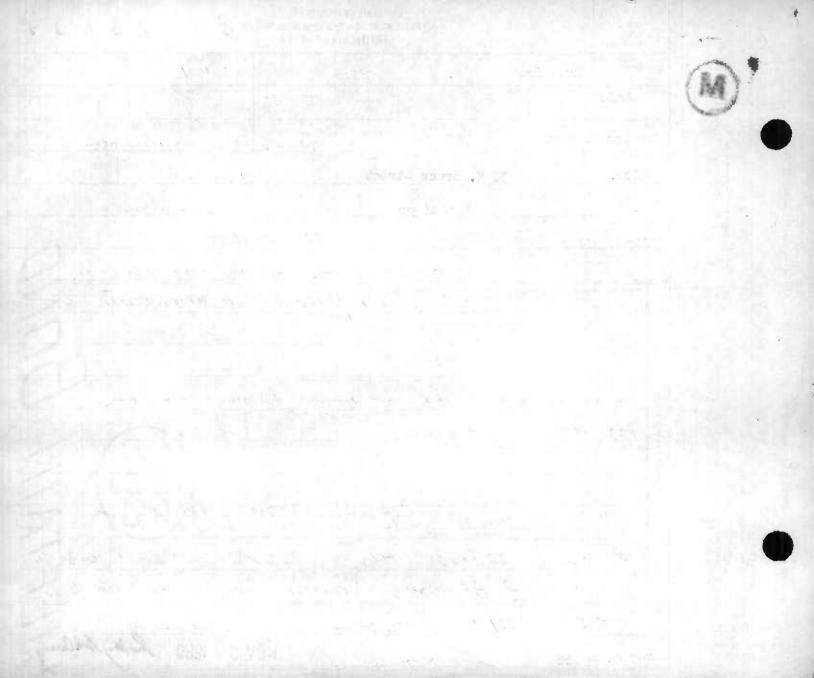
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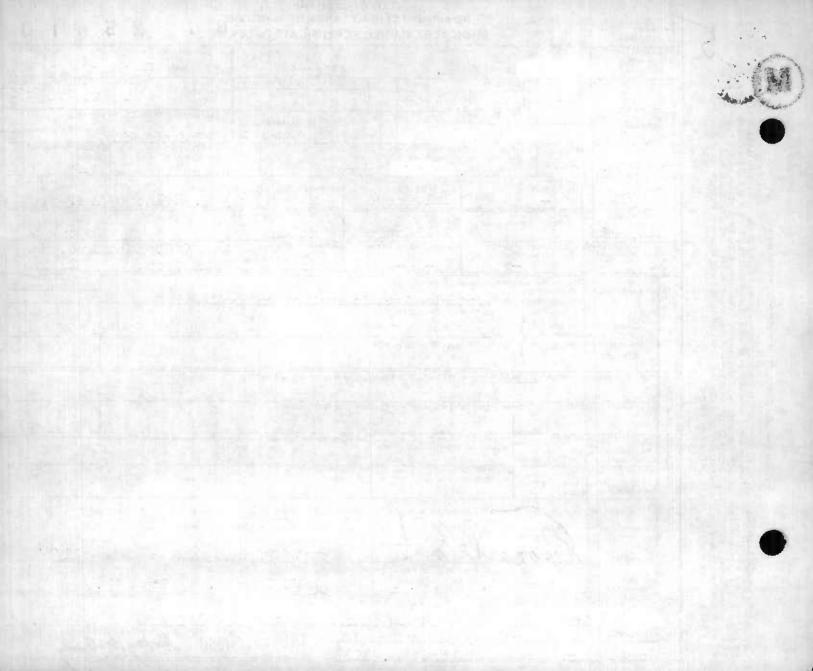
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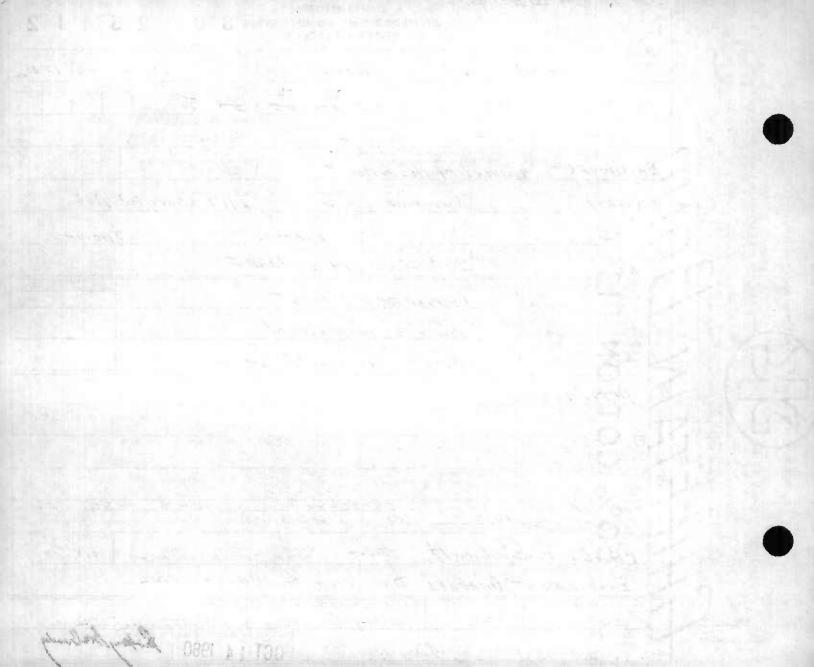


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. STATE REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-GENEVIVE M. Gillespie SEX & AGE IN YEARS IF UNDER 1 YR DATE 2d HOUR 9:35P PRONOLINCED DEAD White July 29.23 37 19 80 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED [DIVORCED X Baltimore City D CITY OF TOWN OF DEATH 124 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) 603 N. BelnordAvenue Baltimore City Packer 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS N. Belnord Ave. Maryland Baltimore NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Gillespie Benjamin Helen Wojcik 166 SOCIAL SECURITY NO. 17. INFORMANT 5 ANRESS East Ave. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 213-18-4905 No Daniel Gillespie, son, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Candinans, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF PRIOR TO BURIAL YES 🗌 NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a. I certify that I look charge of the remains described above, held on Autopsy death resulted fram TITLE (SPECIFY) Deputy ChiefEDICALEXAMINER 11/1/80 EXAMINER'S NAME Thomas D.Smith, M.D. ADDRESS 111 Penn St. Balto . MD. 23c, NAME OF CEMETERY OR CREMATORY 73a BURIAL CREMATION REMOVAL 23b. DATE STATE 11/4/80 Cremation Green Mount Cemetery Baltimore 24 FSEchimunek Funeral ADDRES 3331 Brehms Lane **DHMH - 17** (VR A15 ME (5)) Home, Inc. Balto., Md. 21213 15M 7/76



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2	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0 2	5 4 1 2
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2 4	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
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the feet of the fe	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET AD	HOME OR OTHER INSTITUTION DRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
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4 hours	USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO		MISSION) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1 0
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within within d 2 s	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
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BAL cote sper vol.	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per line for (a), (b), and (BETWEEN ONSET AND DEATH
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OR DIRE	22b. SIGNATURE	0.1 14	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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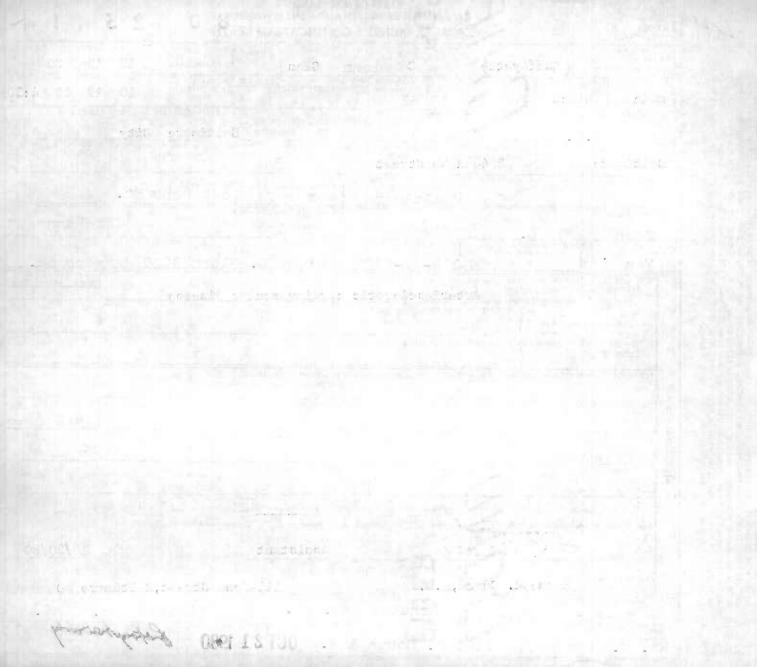


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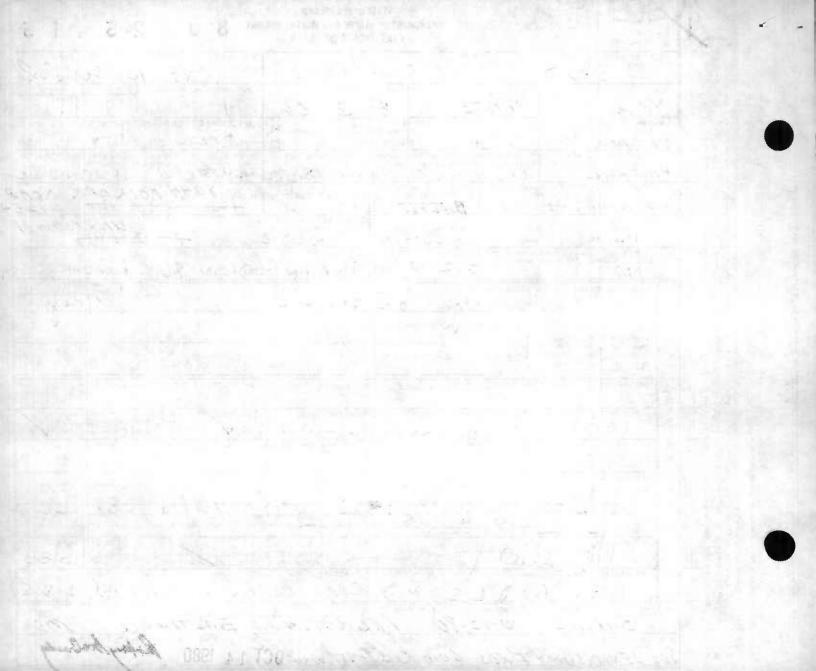
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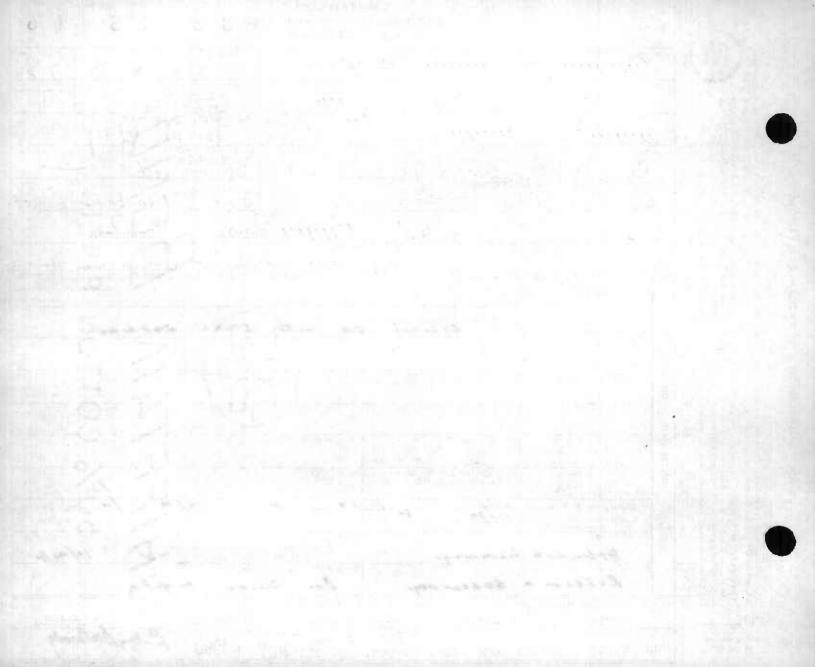
DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR DECEASED NAME O DATE KNOWN (TYPE OR PRINT) ESTI-(Laffayette) Glen) DEATH MATED Glenn Lafavette DAY 2d. HOUR 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 1980 PRONOUNCED 4:30P male black 5 15 17 DEAD 63 b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore S.C. USA FILED, V 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH (16 NOTIN SUCH FACILITY, GIVE STREET ADDRESS)
2540 Robb Street Baltimore BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 13d. INSIDE CITY LIMITS? 2540 Robb St. 13c. CITY OR TOWN 13b. COUNTY Baltimore YES X NO [MD 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Jackson FIRST Eunice Glenn John 17. INFORMANT ADDRESS 6b. SOCIAL SECURITY NO. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO. OR UNKNOWN) 215-01-4229 Dwight B. Glenn 3829 Rexmere Rd Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 70. AUTOPSY? YES [BURIAL 216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK Inspection XX Autopsy PAGE 4 SHOUID BE FOR TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE (BALTIMORE, MARYLAND, 2 220. I certily that I took charge at the remains described above, held an Undetermined monner TITLE (SPECIFY) 10/20/80 Assistant EXAMINER'S NAME HormezR. Guard, M.D. ADDRESS. 111 Penn Street, Baltimore MD Arbutus Mem. Pk. 230 BURIAL, CREMATION, REMOVAL 236. DATE Md. Baltimore Co. 10/25/80 BP 74 FUNERAL DIRECTOR DHMH - 17 1101 E. North Ave. March F/H VR A15 ME (5)) 15M 7/76

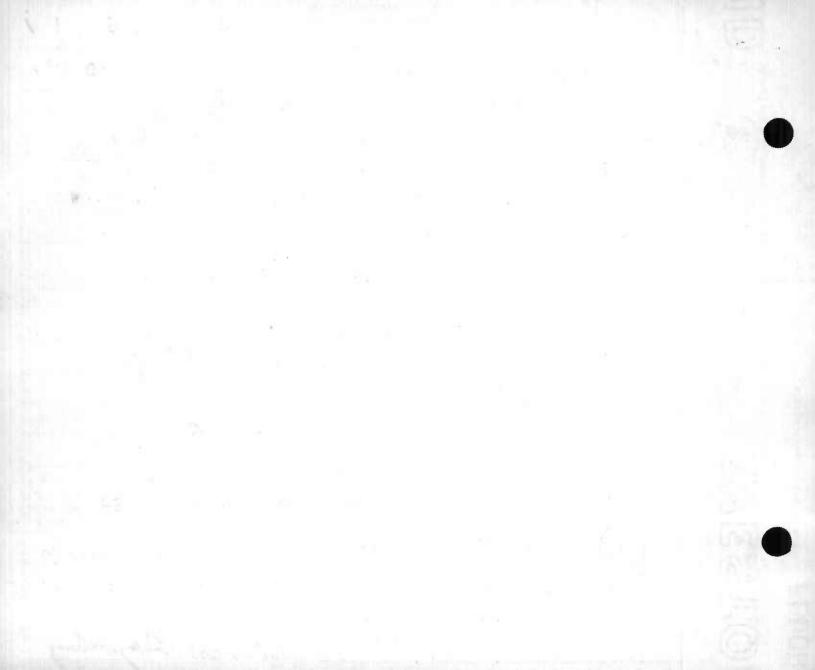


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showith with		BURIAL, CREMATION, REMOVAL SPECIFY BURIA L	23b. DATE 10-12-80 23c	ARLING TON	23d LOCATION CITY OF TOWN		MD.
/H-16 25M	24 F	UNERAL DIRECTOR	ADDRESS	Profession 258. DAT	FEREC'D. BY REGISTRAR	75h. RECT TRAR'S SIC L	Budy



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meetin p	3. SE	Male	4.RACE White	5. DATE OF BIRTH	4 244 13	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
decent. Pr.		IRTHPLACE (STATE OF FOREIGN POUNTRY) ROMANIA		S.A WIDOWED	DIVORCED	BALT	OR COUNTY OF DEATH	MD.
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by the h ERAL OR Getoche State Department		226. SIGNATURE Holen don 22d PHYSICIAN'S NAME (TYPE O	,	DE GREE	ATTENDING PHYSICIAN DORESS	MEDICAL STA	AFF	SIGNED / 24/40
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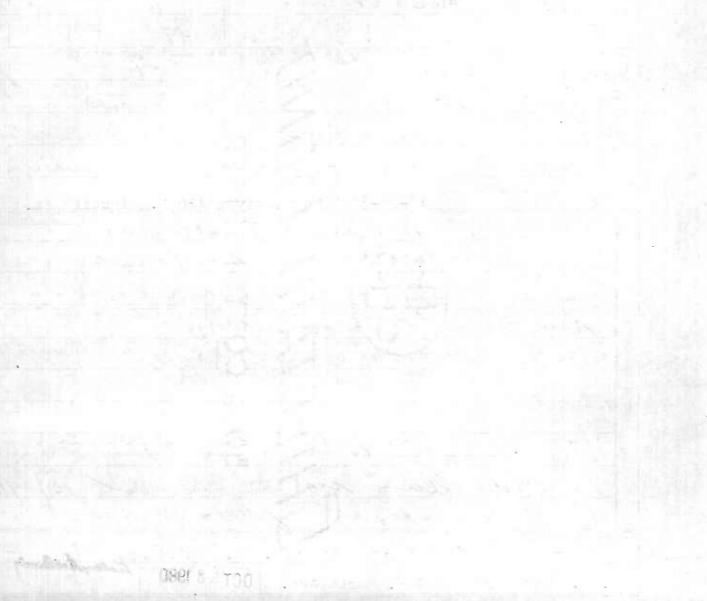
4	-10	3	1 -	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL RTIFICATE OF DEATH	HYGIENE 8 0 REG. NO.	25418
1	- Figure		1. DE	CEASED NAME OR PRINT)	FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	12
-	MIL				TIS		E000 E	10	10 80 3:15 AM
	1		3. SE	THALE	1. RACE BLA		ATE OF BIRTH MONTH DAY YEAR 10 28 2	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
-	Page Source	00	7a. B	RTHPLACE (STATE OR FOR		WHAT COUNTRY? 8.	_	- 9 BALTIMORE CITY OR CO	OUNTY OF DEATH
	neral n 72	5		Virginia	UNITE	D STATES WIE	ARRIED NEVER MARRIED	(6:1)	BALTIMORE MD.
	ofter d	38	10 C	BALTIMORE	(IF NOT IN SU	HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS OR
120	in by	De le	ÆŠU.	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	SITY OF 14A		AL UNEMPLOYED	
AND 2	filled filled fould b	35		AKYLAND 13	b. COUNTY	BALTIMOR	YES NO	5? 130. STREET ADDRESS W.	BALTO. ST.
RYL	vithir etely 12 sh	mine	14 FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST
W.	somple I and	\$ (C)		Koss		WALKER	MIKY	ADDRESS	WATIRINS
MORE	ond o	medica		VAS DECEASED EVER IN (ES. NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	227-34-2665			Baltimore Street
BALTIM	sicior pers.	the the	F		Enter only one couse pe	r line for (a), (b), and (c).)	,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	rtifica g phy an po emov	event		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)	CARDIO PULM	ONARY AN	erest	
NO	nding carb	natic		7280	DUE TO, C	R AS A CONSEQUENCE	OF /- /	El. 1-	
PRESTON	atte	ran		Conditions, if any, w gave rise to immed		CENCASTI	VE HEART	FAILURE A	ND
¥.	by the	ather		cause (a), stating		OR AS A CONSEQUENCE	OF LENAL FI	HEURE	
201	gned n plec	y, or		PART 2. OTHER SIGNIF	ICANT CONDITIONS C	7,		TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(a)
RDS	The sign	r r	NO NO	OCCULT	GI BU	EEDING			
AL RECORDS	ne lo	ows only	CERTIFICATION	19a DATE OF OPERATIO	N 196 CONE	DITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? 200 IN	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
VIT	ZSODE	18 sho		21g. ACCIDENT WAS UNDERL			21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PART 2)
Ö	PHYSICIA ending ph this certifi he burial-th	E 4	MEDICAL	(IF EITHER NOTIFY MEDICAL	EXAMINER) P	.M.	19		
DIVISION OF VIT	G Prester the the and	orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	(AT HOME ST	OF INJURY TREET, FACTORY, OFFICE, FARM, ET	2) f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
9	0 0 0	s mo		22a.1 certify that (I) (th	4.0			0 to 10/10	, 19 60 , that (I) (we) last
	R ATTEN hospital IRECTOR hed for u	121		saw the deceased abave, (1) (we) (did)	alive on 10/11	y ofter death.	, and that in (my) (aur) api	nian death accurred an the date o	nd haur and from the causes stated
	the hartened the Dept	If Hen		22b. SIGNATURE	15. Pm		DEGREE ATTENDIN		10 10 80
	by the State of details of details.	Z /		22d PHYSICIAN'S NAMI	10 1	NOC VIE	PHYSICIA 22e ADDRESS	N DIRECTOR PHYSICIAN	11
	retained by the TO FUNERAL I should be detained with the State I	APORT		DAVID	5. PRIN	CE MD	225,G	KEENEST. BAI	to. m) 21201
		2	23a E	SURIAL, CREMATION, REA	10/14/		OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
200	2BP	-		JNERAL DIRECTOR	μ0/14/	ou Mt. A	Auburn Cemeter	-	Mary Land
1	OHMH- 16 30M 2/80 (VRA 15, 4)			NAME	cob F U /11	01 E. North		CT 1 4 1980	Coffing / Notice of
			11.7	LITAIR C. MAI	CII F.H./ II	OT E. MOLCU	Avenue	4 1300	

HO SAST ON THE PARTY OF THE PAR Secretary Designation





1		1	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 5 4 2 (0	
	6 P.E			REGISTRAR CEASED NAME EIRST OR PRINT)	MIDDLE		LAST	REG. No.		DAY YEAR	2b. HOUF	3
	ay to			LETTIS			NYN	10	27	80	625	141
	4	1	3. SE	F	1. RACE	5. DATE	DF BIRTH DAY YEAR 31	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	HOURS	MIN.
	nerol B	83	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIE		9 BALTIMORE CITY O	R COUNTY	OF DEATH	Him	MD
5	offer d	1	V	3AT MORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	NURSING HOME		12a. USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINES	
212	hour fin h	pe	USU	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	A1A1 N16/DE 017/14/1/1700			4		
MARYLAND	filled filled foodld I	15	//	ns.		TIMONE	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	. A.	squit	14 5	5.
RYL	withir letely d 2 sh	1 Vamilie	14. FA	THER'S NAME	MIDDLE LA	.ST	15. MOTHER'S MAIDEN NA			/ 141		
W.	on on	300		CEWIS	RE	0	ALIC	h		Cusi	30 N	
ORE	execu and c	dicol			E WAR OR DATES)	L SECURITY NO.	17 INFORMANT	ADDRE				
NI I	be be	he m		No			Mary Drive	r 130 N.	Aisqu	ith S	t.	
& :	ficate physici paper noval.	ent, t		18. CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE	ĎBY:	(b), and (c).)	TONY TN	SUFFICIA	NCY	BETWEEN	MATÉ INTERV ONSET AND D	EATH
N ST	ing properties	ic ev		IMMEDIAT	L CAUSE (d)			2				
STO	eeth ttend ve co on, o	E 5		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	AND PER	um fine	uzE			
PRE	he d he e emo	r tro		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON			V	7000	17.83		
× .	by tose r	othe		underlying cause last.		WLTIP	ER DECUS	irus Ucc	FRS			
5, 20	gned n ple burio	g.		PART 2 OTHER SIGNIFICANT C				INAL DISEASE OR CONI	DITION GIVE	N IN PART 1	01	
RECORDS	required signatures	2	CERTIFICATION	AMYOTA	20PHIC 1	ATER.	41 SCIER	0515				
EC	you be	s on	ICA	190. DATE OF OPERATION	196. CONDITION FOR V	-	ECUBITUS UL	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	OF DEATH	1?
	N: The Inysician. cate has ransit pe Hygiene	you's	RTI	9/30/20	0 7177	of U		YES NO	YES		NO 🗌	
¥ .	PHYSICIAN: T ending physici this certificate te burial-transi id Mental Hygi	6 G		OR CONTRIBUTING CAUSE OF DEA	LIGHT A ME MONIT	H DAY YEAR	21c. HOW INJURY OCCURE	KED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2)		
NO	HYSICIA ding ph is certifi burial-ti Mentol	or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION			-		
DIVISION OF VITAL	G Pt	ked	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	NN	COUNTY	51	ATE
۵	or or or see os	E		22a. I certify that (I) (this haspit	tal) attended the deceased	fram / 6	11 19 80	ta 10 7	24	· 80	that (I) (w	e) last
	R ATTENDIN hospital or RECTOR: Aft ned for use or spt. of Health	21 15		saw the deceased alive an abave, (l) (we) (did) (did na	10/23		nd that in (my) (aur) opinion	death accurred on the do	ite and haur	ond fram the	couses stat	ted
	A A B B C	tem tem		22b. SIGNATURE	1 00		DEGREE			ZZI. DATE	SIGNED	
	- + + 0	± 		11.12u	Wille	7. K	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	101	124/	100
	HOSPIT ined by FUNER ald be o	RTA		22d. PHY SICIAN'S NAME (TYPE O	R PRINT)	1.5	22e ADDRESS	11-1	0 1	1	-/-	
	retained I	MPORTANT		W. 100	WILLIAN		1000	- /	C. 17A			
1/11			23a. E	Burial Burial			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STA	ATE
201	BP		_	JNERAL DIRECTOR	10/30/80	westvi	ew Mem. Pk.			Section	MD	
C	OHMH-16 30M 2/80 (VRA 15, 4)				F/H 1101 É	Nort!	Ave. OCT	2 8 1980 TRAR	-	y and a	/	



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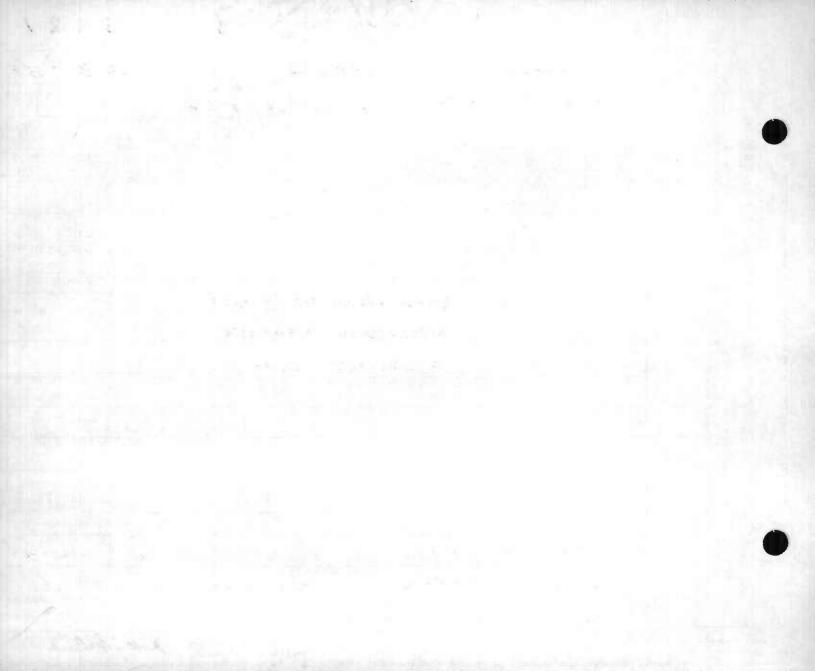
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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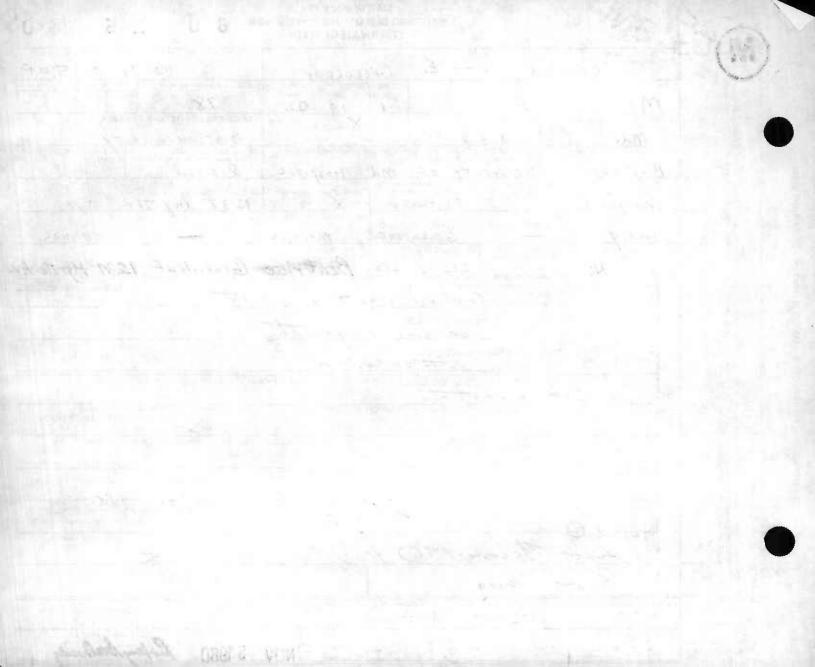
1/	1,	#5,FilmG549 11/7/8 FOR #15		STATE OF MARYLAND T OF HEALTH AND MENTAL	HYGIENEO P	0 8 0 /
5 1/2		REGISTRAR		MINER'S CERTIFICATE		25426
-		ECEASED NAME FIRST (PE OR PRINT)	WIDDLE	LAST	20. DATE KNOWN OF ESTI-	
8 8 8 E	2.00	Merdith	R.	Gray E (IN YEARS IF UNDER 1 YR. IF UNDER	DEATH MATED	17 - 17
SIS NO		Male White	b. 13.1934 4	TBIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	10 24 19 80 11:13 a.M
8	7a. I	BIRTHPOACE (STATE OR 76 COREKA COUNTRY)	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR WIDOWED DIVOR	RIED Baltimo	re City MD.
ķ.	10.0	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYP	
4		Baltimore I	U.S. Public Hea	alth Hospital	Silver Tinishe	or Dick Steiff
0	Tia.	13b. COUNTY	La A	13d. INSIDE CUP CIMITS?		At "
20	[H.]	FIST 1. H	Qt Plant	IS MOTHER'S MAIL	DEN NAMES WHOLE MIT	ler pl was //
	l der.	DECTASED EVER IN U.S. ARMED F		CURITY NO. 17 STORMANT	ADDRESS	11 Sof
/		10		Karolex	May 25439	lette.
		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	couse per line for (o), (b), ond	^(c).) Lerotic Cardiovaso	Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		1/ 2 G 2 IMMEDIATE CA	DUE TO, OR AS A CONSEQU		DISCUSE	
		Conditions, if any, which		LINE OF		
		gove rise to immediate cause (o) stoting the under-	(b) DUE TO, OR AS A CONSEQU	IFNCE OF		
		lying cause last.	(c)			
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI		THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).	
	CERTIFICATION	19a. DATE OF OPERATION	TISK CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20. AUTOPSY?
	1 5		The correction on the			YES 🔀 NO
	1 2	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY		RED LENTER NATURE OF INJURY IN ITEM 18	
4		UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT			CO.U.D.
	W	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		22a. I certify that I took charge of t	he remains described above, he	ld an <u>Autaosy</u> XX Inspect	tion . Inquiry . or	nd in my opinion
		deoth resulted from: Natural ca	uses XX Accident ,	Suicide . Hamicide	, Undetermined monner .	
	-	ACTUAL MALA	A U	TITLE (SPECIFY)	- t-	DATE 10-24-80
		SIGNATURE WOU	me pre m	M.D. Assistan	MEDICAL EXAMINER	SIGNED 10-24-80
-	2	EXAMINER'S HAME Margarit	ta A. Korell, 1	M.D. ADDRESS	111 Penn Street	
	14	MIAL CREMATION REMOVAL TIM D	0	OF CEMETERY OR CREMATORY	THE PRATICION A	and and
	K	remation	1 Ste	enmount	Fallemore	elity lo.
	71	MAME DIRECTOR	ADDRESS /	10 25a. DAT	E REC'D BY REGISTRAN 156 REG	La Charles
	V	aismond No	SOLDWIRE 20	SIS PRELITA UC	28 1980	fry yerray

7	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 8 0	2 5	427
		CEASED NAME FIRST	MIDDLE		AST		MONTH DAY	YEAR 26 HOUR
by be 3 deepth deepth	(TYPE	ORPRINT) FRAM	uces c.	6	RAYBILL		10 28	80 7:55 Am
4 m	3 SE	FEMALE	WHITE	5. DATE (H DAY YEAR	6 AGE (IN YEARS LAST BIRT	THDAY) IF UND	ER I YEAR IF UNDER 24 HRS. DAYS HOURS MIN
oth. Page read direct	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) ITYLAND	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	DENEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	
the tune day	10 C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI	E WORKING LIFE)	KIND OF BUSINESS OR
201 Py		ltimore	Baltimore Ci		ospital	Cafe. Cas	shier B	d. of Educ.
BALTIMORE, MARYLAND 2120) cote be executed within 24 hours in yiscion and completely filled in by opers. Poges 1 and 2 should be filled wal. vol. the medical examiner must be an out, the medical examiner must be an out.	173a S	STATE 136 COUR	timore Dunda	'N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1815 Mars	shall R	oad
MARYL/		THER'S NAME William	MIDDLE LAST Garre	++	Josephine	MIDDLE	¥	Price
Cole	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		17 INFORMANT			arshall Rd
MORE e execu	No		216-16-	2022	George O.G			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), an	d (c vii	MONTRY AR			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON S death cer otherding ove carbo ove carbo over carbo		4100 Conditions, if any, which	DUE TO, OR AS A CONSEQUE					
W. PR and the by the sse rem , cremo other to		gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO OR AS A CONSEQUE	NCE OF	RY EDEMA			
RDS, 201 equires the signed. Then plec to burtal injury, or	NOI	PART 2. OTHER SIGNIFICANT	conditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART I(o
TAL RECOR	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	n was performed	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
N OF VITAL R N OF VITAL R SICIAN, The Is gentificate has rird-tronst pee entol Hygiene flem 18 shows	-	2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 O	PART 2)
DIVISION OF DING PHYSICIA or ottending ph After this certifi e os the burietit of th and Mentol morked or Item?	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOV	vn co	UNTY STATE
TENDIN ital or or or use os or use os if Health		220.1 certify that (I) (this hospi sow the deceased alive on	ital) attended the deceased from			, to deoth occurred on the di	ote and hour and	, that (1) (we) lost
At OR AT the hosp at DIRECT detoched if them 5 them 5. If them 5.		22b. SIGNATURE	L. Holland		DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	FF	10/28/80
TO HOSPITAL (TO FUNERAL I Should be deto with the State I		22d. PHYSICIAN'S NAME (TYPE O	L. PARKER		22e ADDRESS	MORE CI		PITALS
De Des Presentes		JURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	CO.11.13	Y STATE
470X BP		Burial	10/31/80 Ho	lly I	Hill Mem.	White Ma	arsh, Ba	
DHMH - 16 60M 1/75	24 FU	NERAL DIRECTOR Duda-	Ruck, Inc.		25a, DAT	E REC'D. BY REGISTRAR		
(VR A 15 (4))			nue, Dundalk,	MD	21222 161	3 0 1980	11/11/11	·



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h		FOR STATE REGISTRAR EASED NAME FIRST	MIDDLE		HEALTH AND MENTA FICATE OF DEATH	10 18 8	DEB NZ	R TO J 4	3 2b. HOUR
No.		OR PRINT)	on Car	cson G	ceen a n			1000	I . h WKIN
8 8	3. SEX		nn _, Car		OF BIRTH		23/80 RS LAST ØIRTHDAY)	IF UNDER 1 YEAR	4:30
30		Male	Caucasia	MON	H DAY YE	AR	YRS	MONTHS DAYS	HOURS MIN.
) Che		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8. MARRI	ED NEVER MARRIE	9 BALTIMOR	CITY OR COUN		
50		агутано	UDA	WIDOW			IMORE C		М
33		TY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY JOHNS HO				OR MOST OF WORKING		None None
oe co	USUA 130. S	AL RESIDENCE (IF NURSING MONE OF	OTHER INSTITUTION GIVE RESIL			ITS? 13e STREET AL	DRESS		
22	-		5110.	Tver 5b	TES NO L		piney b	canch F	ld.
~	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAID	ENNAME	MIDDLE	LA!	51
DU	1	Conrad Arti	nur Nichol	s	Mary J.	Greenan			
		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b SO	CIAL SECURITY NO.	17 INFORMANT		ADDRESS		
1		No No		Tone	Mary J.	Greenan	(Same	as Item	s #13)
									MATE INTERVAL ONSET AND DEATH
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	-0.00-0.10	110010.				tap
		1741 9 IMMEDIA			m I I I I I			1	100
		Condition of Samuel Link	.2	ONSEQUENCE OF	10000	0.00			
2		Conditions, if any, which gove rise to immediate (b) thinks Cardioc less or							
5		cause (o), stating the underlying cause lost.	DUE TO, OR AS A C	ONSEQUENCE OF					
lury, c	z	PART 2. OTHER SIGNIFICANT (Erstholeokemic,	ONDITIONS CONTRIBL	JTING TO DEATH BU	TNOT RELATED TO TH	E TERMINAL DISEASE	OR CONDITION C	IVEN IN PART 1	01
-	CERTIFICATION	190 DATE OF OPERATION			ON WAS PERFORMED	20a AUTOP	SY? 20b. IF Y	ES, WERE FINDI	NGS USED
. /	王					YES P		YES []	NO [
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MC	ONTH DAY YEAR	21c. HOW INJURY C	OCCURRED (ENTERNATU	RE OF INJURY IN ITEM 1	B PART I OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJU	19 RY	211 LOCATION		Dad .		
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO		STREET		CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (his hospi	1			pinion death occurred	n the date and h		that (1) (we) los
2		sow the deceased alive on above, (1)(we) did) did no	t) view the bady after de	oth.			011 1110 0010 0110 11		
	1 1	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY							
MPORTAN		22d PHYSICIAN'S NAME (TYPE O			THE JUNE	HOPIC'S H	SPITAL, D	ntinue.	MO
-	22- 0				CELUSTER VAN AS		iovi	21	205
	(1	URIAL, CREMATION, REMOVAL			CEMETERY OR CREMA	TORY 23d. LOCAT	er Spri	COUNTY	+ 3/15
		Burial	10/28/80	Gate	of Heave				
		INERAL DIRECTOR		Iver Spr		NOV 3 19	SISTRAR 256.	STRAR'S SIGNAL	URE
	7.7	W. Chambers	O- O-		- 10 mm				

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME DATE KNOWN OF ESTI-(TYPE OR PRINT) Hayden Mary Greff 20 19 80 3 SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED 10 80 20 12:404 female. white DEAD 1905 75 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Illinois 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION University Hospital Dental Assistant Baltimore Dentistry USUAL RESIDENCE (IF IN NURSING ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS
YES NO X 7733 Telegraph Rd. 13 CITY OR TOWN Anne Arundel Severn PAGES 1 AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Frederick Roxanna Hauden 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Mrs. Evelyn Jacobsen (YES, NO, OR UNKNOWN) I IF YES GIVE WAR OR DATES 7733 Telegraph Rd., Severn, MD 21144 No 114-12-8121 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclertoic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T E 3 SHOULD BE LE E DEPARTMENT OF PRIOR TO BURIAL 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 716. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK DIRECTOR: 22a. I certify that I took charge of the remains described above, held on Autapsy Inspection Hamicide ___ 10/20/80 DATE TO FUNERAL DAFTER DEATH, BALTIMORE, MA SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez Guard, M.D. 111 Penn Street, Balto., MD 21201 TYPE OR PRINT) 23r NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 10/23/80 Arlington National Cem. Arlington

14 FUNERAL DIRECTOR Loring Byers Funeral Directors, P. 4250 DATE REC'D. BY REGISTRAR Arlington VA BP **DHMH-17** (VR A15 ME (5)) 8728 Liberty Rd., Randallstown, MD 21133

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Walter Dabrowski 1005 Dundalk Avenue

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

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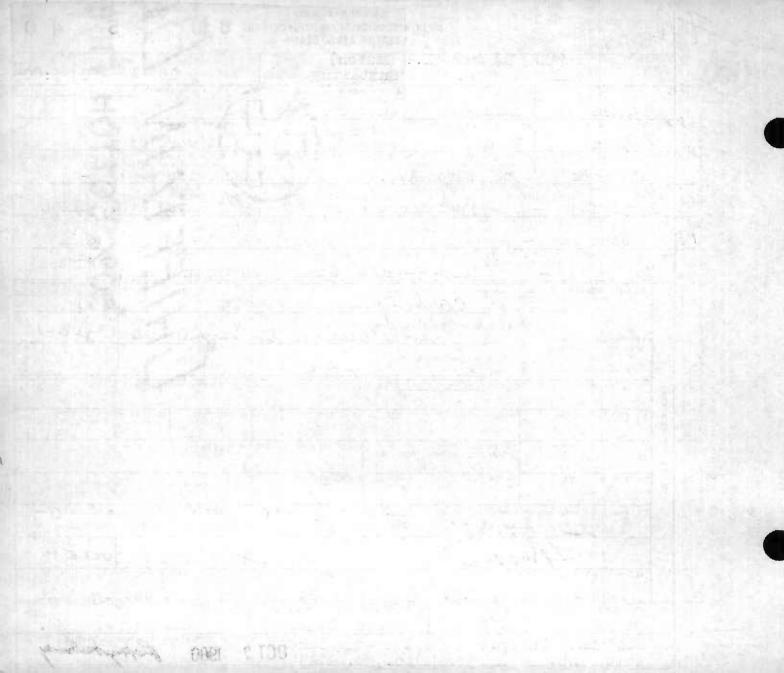
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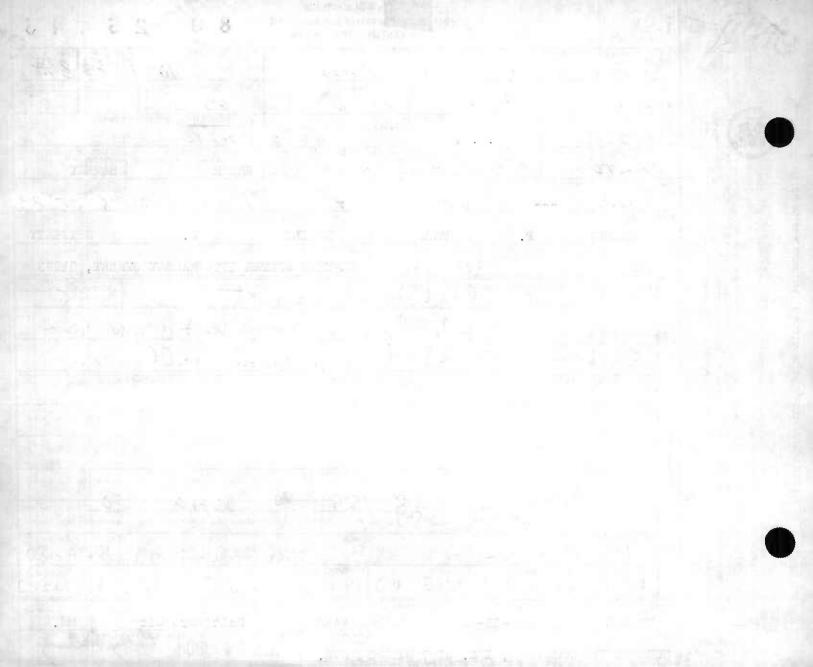
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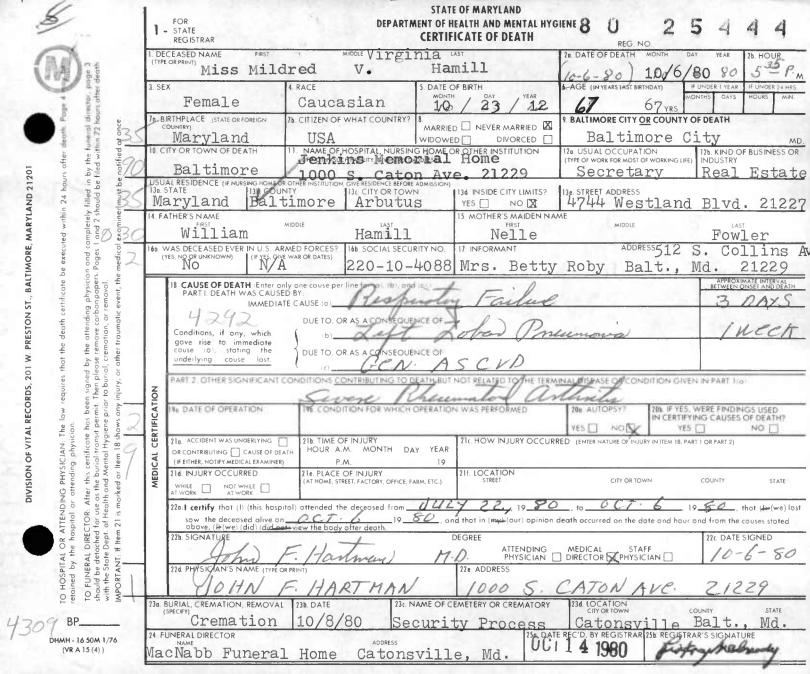


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	ATTEN bital or a ECTOR for use	m 21		saw the deceased above, (1) (we) (did	alive on	10 - 7	1	1980.	and that in (my	(our) opinion	death occurre	d on the date	e and haur	and from the	couses stated	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR FIRST 20. DATE KNOWN X DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Earl Hammonds 10 1619 80 6. AGE (IN YEARS IF UNDER 1 YR. DAY 2d HOUR 3. SEX 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) PRONOUNCED 6:30P DEAD Male White 1619 80 Sept 15 1928 52 YRS 7g. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) North Carolina U.S.A. WIDOWED [DIVORCED Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Laborer Baltimore 800 Blk. Montford St. DOA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES S NO [Marvland Baltimore 801 S. Port St. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST Johnson Hammonds Maryown James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 21.0-38-7157 Clara Hammonds 801 S. Port St. Balto. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Drowning DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? S SHOULD BE DEPARTAENT OF TO BURLALL YES TV NO [21g. EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING TOR PRIOR TO MEDICAL CONTRIBUTING CAUSE OF DEATH 5 . 45 P.M. 10 1619 80 subject drowned 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT NOT WHILE STATE CITY OR TOWN STREET, FACTORY, FARM, ETC.) STREET COUNTY DIRECTOR: PAGE 3, WITH THE STATE DAARYLAND 21201 PR harbor Baltimore MD 220. I certify that I took charge of the remains described above, held of Autopsy Inspection ond in my opinion Accident Suicide Homicide . Undetermined monner death resulted from Matural couses TITLE (SPECIFY) ACTUAL Deputy Chiefiedical ExaminER 10/17/80 ER DEATH, SIGNATURE. GE 4 FUNE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT) 23d. LOCATION 73c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY Robeson. North Carolina Burial Oxendine Cemetery BP 24. FUNERAL DIRECTOR **DHMH - 17** VR A15 ME (5)) Lilly & Zeiler, Inc. 1901 Eastern Ave. 15M 7/76

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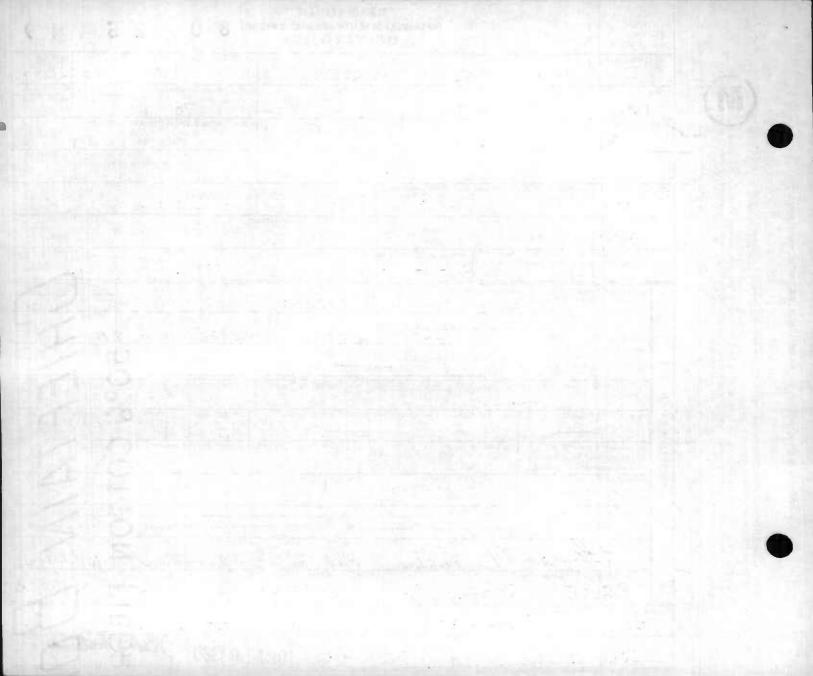
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ESTOr death ottend ove ca tion, o		736	DUE TO, C	DR AS A CONSEQU	JENCE OF	and buryer	caula	. 4	ton 7	4 #	
e de e ott may nation trau		Conditions, if any, which gove rise to immediate	(b)_			eve prova	s eula	V		7	
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The law requires that the death certificate has been signed by the ottending pass the buriol-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or removed or them 18 shows any injury, are other traumatic even		couse (o), stating the underlying couse last.	DUE TO, C	DR AS A CONSEQU	JENCE OF	150					
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δ å δ å ¾ ¾	23a. I	BURIAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF C	EMETERY OF CREMATOR	23d LOC	ATION			STATE
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/	1-	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 8 0	25449
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	10. C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. KIND OF BUSINESS OF
38	Br	ALTIMORE	UNI	VERSITY HOSP	TTAL	RETIRED	T TOO STATE
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The T		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
umatic event,		4/0 - Canditions, if any, which	DUE TO, (b)	OR AS A CONSEQUENCE OF	DLATERAL	MYOCARDIA	H WEARCTION &
other troumatic		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUENCE C	OF		
injury, or	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)
- Aug	CERTIFICATION	190. DATE OF OPERATION	196 CON	DITION FOR WHICH OPER	ATION WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE FINDINGS USED
4	FF		1 5 2 2			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
-	1 🖁	210. ACCIDENT WAS UNDERLYING		OF INJURY		RRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 2)
4		OR CONTRIBUTING CAUSE OF D	EAIH	a.m. month day y p.m.	EAR 19		
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	21e. PLACE	OF INJURY	21f. LOCATION	CITY OR TO	WN COUNTY STATE
morked or	A A	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE, FARM, ET	C.) STREET	CHYORIO	WN COUNTY STATE
		220.1 certify that (I) (this has	nital) attended t	the deceased from	. 19	, ta	, 19, that (I) (we) la
2		saw the deceased alive a abave, (I) (we) (did) (did)				n death accurred an the c	date and have and from the causes stated
em 3		abave, (1) (we) (did) (did r	nat) view the bad	y after death.	DEGREE		22c. DATE SIGNED
±		Touco	TH	Secondary	MA ATTENDING	MEDICAL STA	10/10/80
IMPORTANT:	-	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	- centre	22e. ADDRESS	_ OMECION _ THIS	110/01/0
ORT		BRUCE	-	ENBERG		ARYLAND	HOSP, S. GRES
¥-	230	BURIAL, CREMATION, REMOVA			OF CEMETERY OR CREMATORY	236 LOCATION	
	230.	BURTAL			AR HILL CEMETER	CITY OF TOWN	E MARYLAND " STATE
		UNERAL DIRECTOR		- 1 020		ATE REC'D. BY REGISTRAL	
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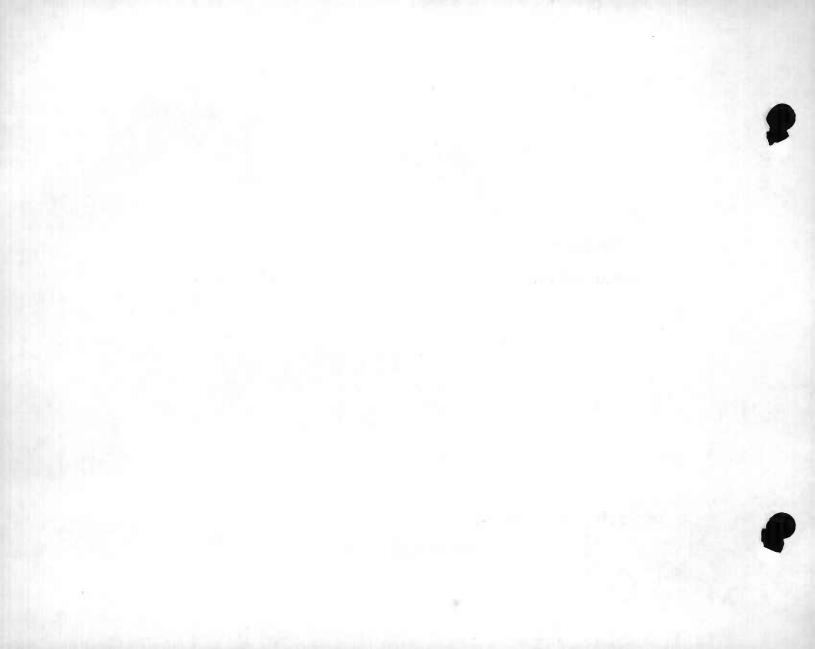
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NAME: Carole L. Hardin

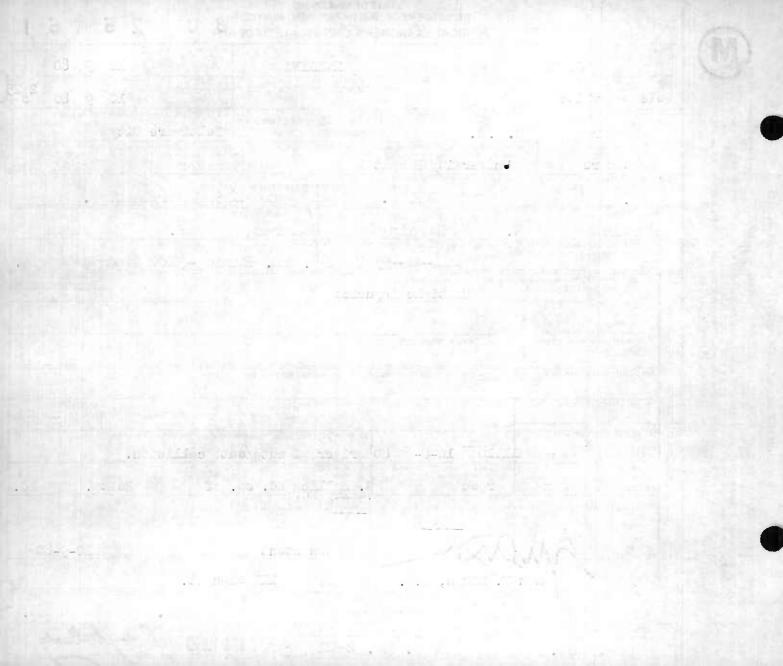
DATE OF DEATH: October 26, 1980

PLACE OF DEATH: Baltimore City SEE: #80-25457

Baltimore City



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR DECEASED NAME 2a. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-19 80 **JAMES** HARDING Kristopher 6. AGE (IN YEARS | IF UNDER 1 YR. SEX DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED male white /25/45 DEAD 1080 Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City Delaware DIVORCED 120 USUAL OCCUPATION LIVE OF WORK 17h KIND OF BUSINESS 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore University Hospital Floral Shop Manager USUAL RESIDENCE (IF IN NUR IT OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET, ADDRESS 13n STATE COUNTY 13c. CITY OR TOWN 208 Montrose Ave. Balto. NO TX Md. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Dolores MIDDLE LAST E. Burns Harold Harding 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 214-44-5307 Mrs. Wm. Burns -3202 Lawnview Ave. no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING AOR HOUR XXX MONTH DAY Driver of auto/auto collision. $1:10_{M}$ 10-8-19 80 CONTRIBUTING CAUSE OF DEATH WRITIN WARDED 1 PAGE 3 S E STATE DF 1201 P 21e. PLACE OF INJURY (AT HOME, 211. LOCATION 21d. INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.) WHILE AT WORK road Rolling Rd. so. of Balto. Md. DIRECTOR: 1 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry Accident X Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL Assistant DATE 10-9-80 TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOUI
TO FUNERAL D.
AFTER DEATH, N.
BALTIMORE, MA. SIGNATURE 111 Penn St. Ann M. Dixon, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Cremation mar Md. Balto. 10/14/80 Greenmount 24. FUNESCHIMUNEK Funeral 333 1 Brehms Lane Date REC'D. BY REGISTRAR 256. RECORD **DHMH - 17** (VR A15 ME (5)) Balto. Md. 21213 Home, Inc. 15M 7/76



	1		STATE OF MA	ARYLAND		
•	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH CERTIFICATE		8 0 REG. NO.	25452
be 3		CEASED NAME FIRST	am WILSON Hardest.	7 20. D	ATE OF DEATH MON	0100
ge 4 moy	3. SE	Male	RACE S. DATE OF BIRTH	DAY YEAR	GE (IN YEARS LAST BIRTHDA	YRS. IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Pogo		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEW WIDOWED	EVED MADDIED	Saltimore C	
Filed with		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHE (JENOT IN SUCH FACILITY, GIVE STREET ADDRESS)		USUAL OCCUPATION OF WORK FOR MOST OF WO	RKING LIFE) 17b. KIND OF BUSINESS OR INDUSTRY Beth. Steel (
in 24 hour littled in the old the	13a. S	Md. Bal	timore Baltimore YES [J NOK 6	TREET ADDRESS	liker Ave.
omplete omplete omd 2			son Hardesty E	other's maiden Name Bertha Elizat		rt
be exect		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DAYES	ormant s. Mary A. Ha	address	Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ires that the death certiff gned by the attending pin please remove corban burial, cremation, ar rem ry, or other traumatic eve		Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost.	ALL CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI	RTERY DIS		
ion. in low requion. in los been si it permit. The	CERTIFICATION	19g DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS F			IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
HYSICIAN: Tiding physicis is certificate burial-transit I Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 214. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR P.M. 19 216 PLACE OF INJURY 211 LO	OW INJURY OCCURRED (I	ENTER MATURE OF INJURY IN	TEM 18, PART I OR PART 2) COUNTY STATE
NDING PHOING PHO	W		(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ital) attended the deceased from 10.19.	, 19 <u>80</u> , t	. 10/26	, 19, that A (we) lost
TAL OR ATTEND 17 the hospitol of the hospitol		22b. SIGNATURE **EUROPE *** **EUROPE ** **EUROPE *** **EUROPE *** **EUROPE ** **EUROPE *** **EUROPE ** **EUROPE **	Shua P. Kumar	ATTENDING ME PHYSICIAN DIRI	occurred on the date o	nd hour and from the causes stated 22c DATE SIGNED 10/26/86
O HOSPITA etained by TO FUNERA should be do with the Sta		226 PHYSICIAN'S NAME (TYPE OF KRISE	INA P KUHAR		AMARITA	N HOSPITAL
O S O S T W						
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attituous to the property of the same that the bornidist | eroulafall | All alter inches Marchett | Detha Harber Contra JEDIO Colo Fill Land, New All Rander St. J. Land sucial too, 20,1560 larkgood (aristile, mico, doe, 56, SERVICE TOTAL TICES classed wirelessly man, inc. Saketmone, bd.; for had a first the same than the same th completely filled in by the funeral directs ond 2 should be filed within 72 haurs.

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should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene priar to burial, cremation, TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please

njury, or other troumatic event,

shows ony

MPORTANT: If Hem 21 is marked or Item 18

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the ottending physician

1	FOR STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	IENE 8 0	2	5 4	5 3
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	HA	roman	20 DATE OF DEATH	MONTH DAY	YEAR 80	26. HOUR 905 AM
3. SI	F	4 RACE B	5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BI	- /	UNDER 1 YEAR	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN BALTO- CITY	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	MD.
7	MY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOME, MA	OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESSOR
	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ROTHER ASTITUTION, GIVE RESIDENCE BEFORE NTY 131 CITY OR TOW 13 ATTM	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	V. SCH.	NO EDG	2 5%
14. F	OLLIF-	MIDDLE LAST		15. MOTHER'S MAIDEN NAM		Sp.	FreFr	
	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU VE WAR OR DATES)	RITY NO.	17. INFORMANT	ADDR	ESS		
	PART I. DEATH WAS CAUSE	Due to, or as a conseque	And ENCE OF	CARCOMANTES	The ABOUM	more	APPROXIM	NATE INTERVAL NSET AND DEATH
ERTIFICATION	PART 2. OTHER SIGNIFICANT C	200 CONDITIONS CONTRIBUTING TO 1			200 AUTOPSY? YES NO	20b. IF YES, V	VERE FINDIN	GS USED
CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER		YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2)	

MEDIC 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from that (I) (we) last 10 20 and that in (my) (our) opinion death accurred on the date and haur and from the causes stated SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR | PHYSICIAN 22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

BP DHMH-16 30M 2/80 (VRA 15, 4)

etoined by the hospital

230. BURIAL CREMATION, REMOVAL

24. FUNERAL DIRECTOR NAME

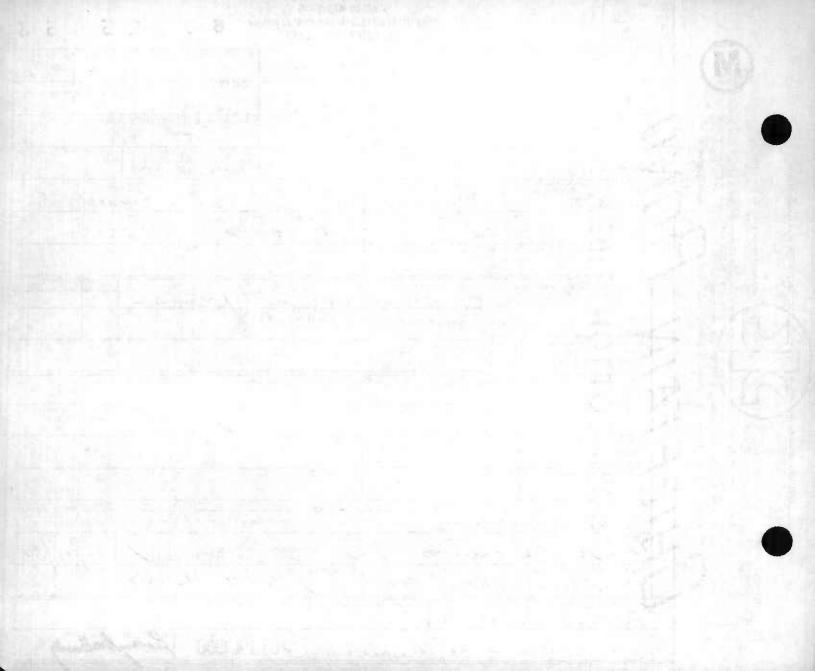
23b. DATE

25a. DATE REC'D. BY REGISTRAR 25b.

23d. LOCATION CITY OR TOWN

COUNTY

STATE



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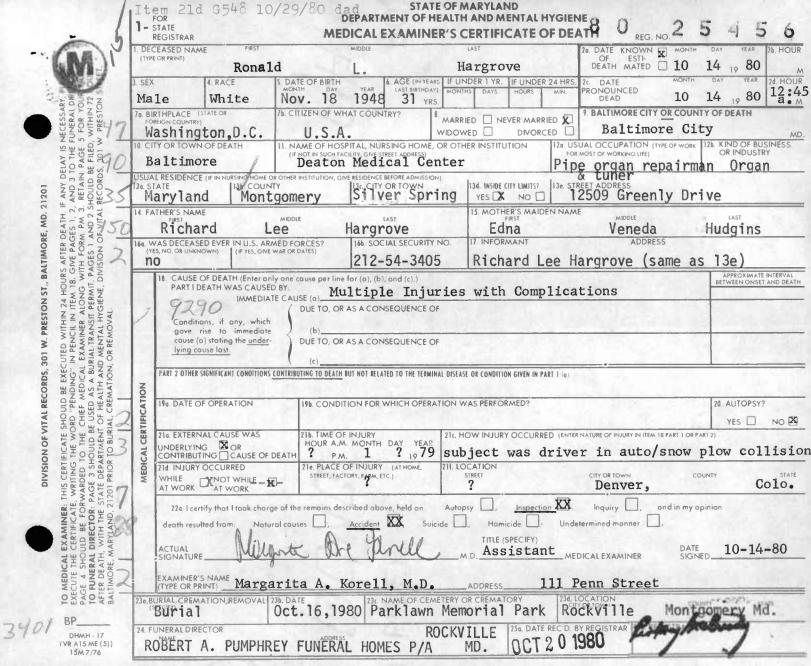
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requires that the death in signed by the attend Then please remove cour to burial, cremotian, or injury, or ather troumot	NOI	Conditions, it any, whice gove rise to immediate couse (a), stating the underlying couse los	(b) DUE TO, (c)	or as a consequi	ENCE OF	WITH BROW	ARY TUBERCULOS ICHIECTASIS AINAL DISEASE OR CONDITION GIVE	
he law an. hos bee t permit ene prio	CERTIFICATION	190. DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
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TAL OR ATTENDING y the hospital or or AL DIRECTOR: After deforched for use os ote Dept. of Health IT: If hem 21 is mad		220.1 certify that (I) (this saw the deceased all above, (J) (we) (did) (al 22b. SIGNATURE	ve on 10	12.5/ 19 1		ATTENDING PHYSICIAN	death occurred on the date and hou	19.80, that (I) (we) lor and from the couses stated 22c. DATE \$IGNED
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ВР		BURIAL, CREMATION, REMO (SPECIFY) Burial UNERAL DIRECTOR	236. DATE 11/4			Mem. Park	23d. LOCATION CITYORTOWN Raltimore Co	county STATE
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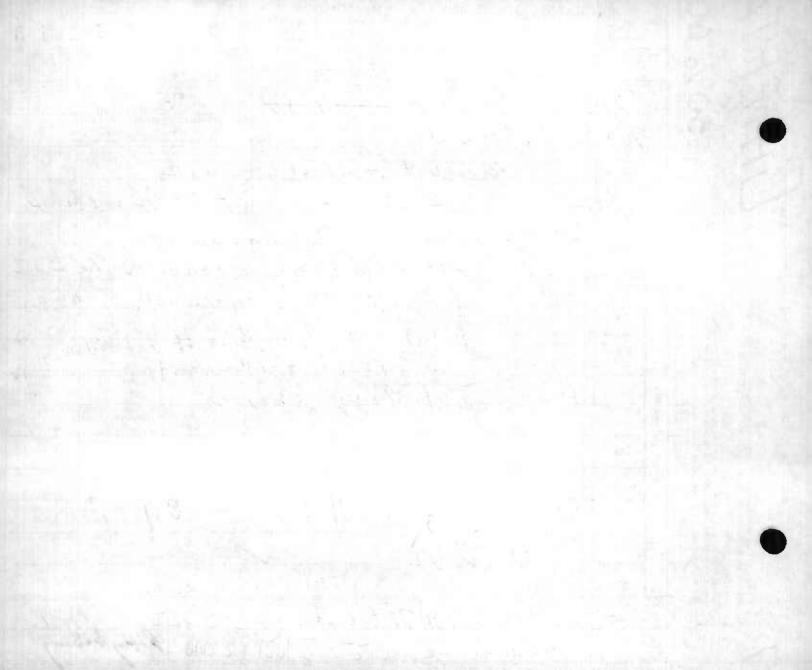
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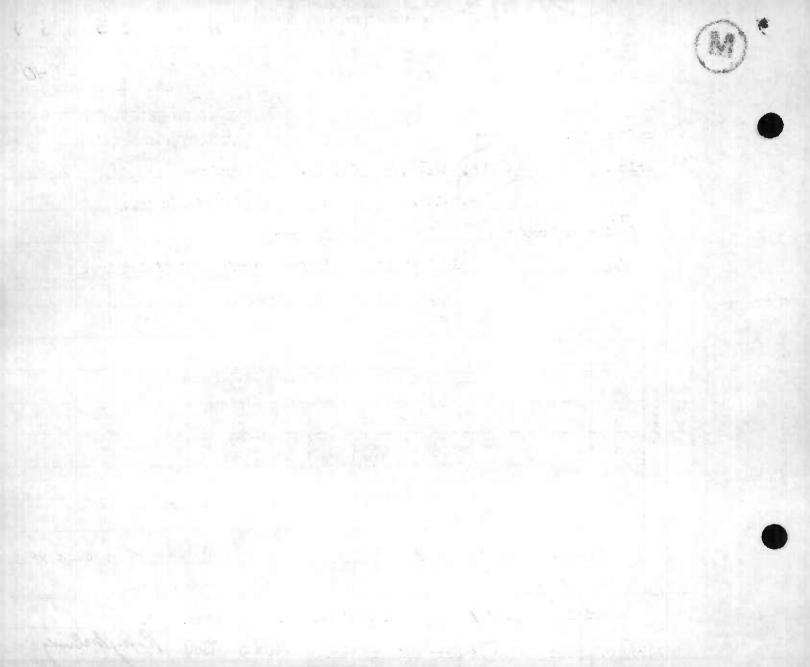
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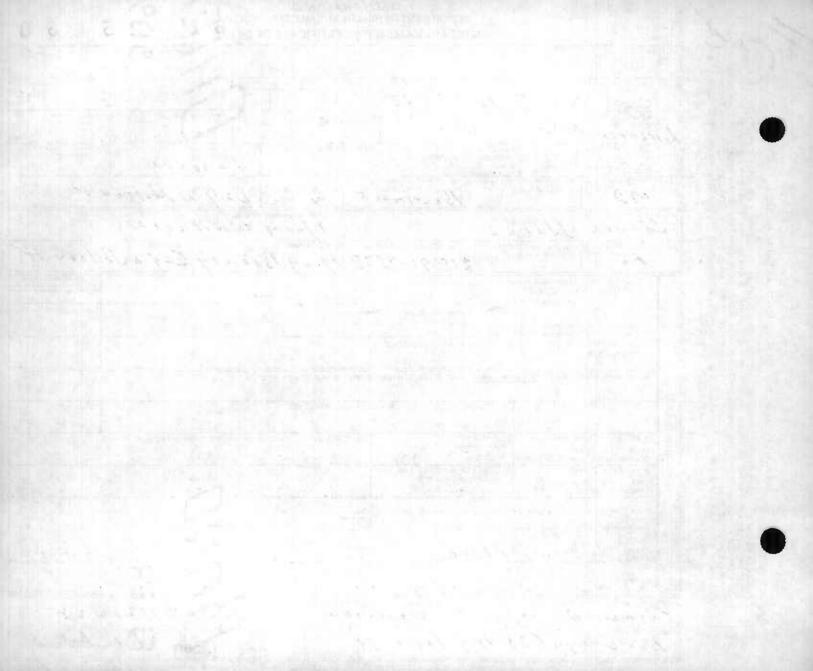
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OppiG PHYS or after this a se as the bur ealth and Me marked or I	1	saw the dece	alled alive on the box	ty after deat 19	DEGREE	Spinion death occur	rnd on the date of	t hour and from the	
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O HOSPITAL OR ATTENDING PHYS Intured by the hospital or otherdin O FUNERAL DIRECTOR, after this is should be detected for one as the but with the filter Dept of Health and As APORTANT, if them 21 is morked or it.		276 SIGNATURE	NAME (THE OFFICE)	en	ATTEN PHYS 22e ADDRESS	CALLIEL H	DLUO.	anti-Sea	Soli



1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 5 4 5	9
REGISTRAR REG. NO. 1 DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR	-
(TYPE OR PRINT)	P
A DATE S. DATE OF BIRTH 6 AGE (IN YEAR SLAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 H	M
MONTH DAY YEAR AND MONTHS DAYS HOURS MI	IN
76 BIRTHPLACE ISTATE OFFOREIGN 1/6 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH	
MARRIED L NEVER MARRIED L	
Grafton, Va. yes USA WIDOWED DIVORCED Baltimore, City, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS	MD.
9 Balto. B	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COLLY OR TOWN 131. CITY OR TOWN 132. STREET ADDRESS	
Md. Balto. YES № NO D 2503 Violet Ave.	
FIRST MIDDLE LAST FIRST MIDDLE LAST	
William H. Brooks Bell Brooks Heb was deceased ever in u.s. armed edges? Heb social security no. 17 informant ADDRESS	
(YES, NO PRINKNOWN) (IF YES, GIVE WAR OR DATES)	
NO 216-12-3614 William Harris 2503 Violet Ave.	_
IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	IН
IMMEDIATE CAUSE (0) CARDIOPULMONARY ARREST	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate	
Conditions, if ony, which (b),	
couse 101, stating the DUE TO OR AS A CONSEQUENCE OF	
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED	_
IN CERTIFYING CAUSES OF DEATH? YES NO YES NO	
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
- (d DOS COLUMN TO CAUSE OF REALTH HOUR A.M. MUNITI DAY TEAK	
OR CONTINUOU INC. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	
WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	
22a-I certify that (I) (this haspital) attended the deceased from 10 14 19.80 to 10 128 19.80 that (I) (we)	lost
saw the deceased alive on 10-28 19-80, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death.	b
22b. SIGNATURE DEGREE 22c. DATE SIGNED	
ATTENDING MEDICAL STAFE	
PHYSICIAN DIRECTOR DIREC	
DR. SAUNDERS PROVIDENT HOSPITAL	
136. BORIAL, CREMATION, REMOVAL 136. DATE 131. NAME OF CEMETERT OR CREMATION 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Burial 11/3/80 Md. National Pk. Balto., Md.	
24 FUNERAL DIRECTOR NAME AODRESS 250. DATE REC'D. BY REGISTRAR 250. PGISTRAR'S GINATURE AODRESS	
Leroy O. Duett 4600 Liberty Heights Ave. NOV 5 1980	



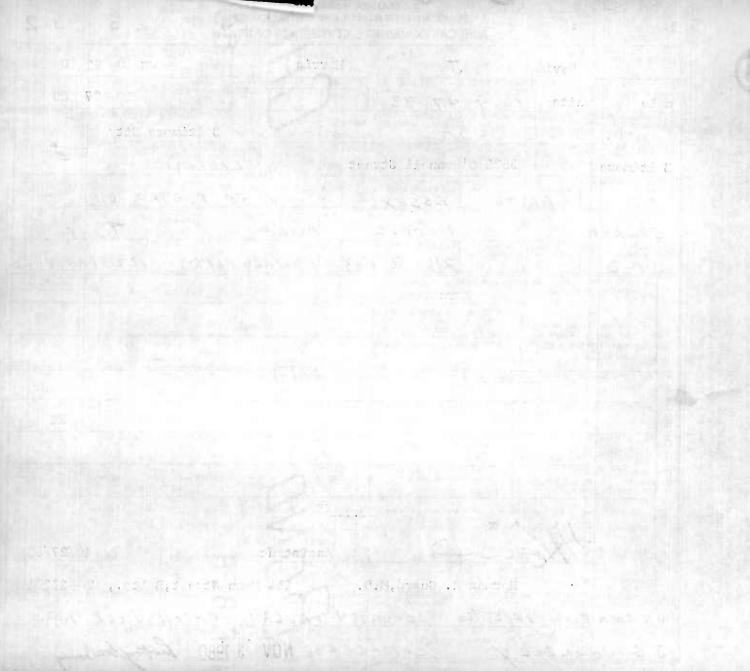
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DS, 301 W. PRESTON ST., EXECUTED WITHIN 24 HO JG". IN PESICI, IN ITEM 11 CAL EXAMNER ALONG A BURIAL PRANSIT PERMIT SON, OR REMOVAL.		PART I DEATH WAS CAUSED Conditions, if ony, which gove rise to immediate couse (a) stoting the under- lying couse last.	y one couse per line for (o), (b), ond (c) BY: E CAUSE (o) Shotgun Wol OUE TO, OR AS A CONSEQUE! (b) DUE TO, OR AS A CONSEQUE! (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	und of I		T 1 (o).	BETWE	EN ONSET AND DEATH
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EXAMINER: 1 FE CERTIFICATE, 1 OULD BE FORW AL DYRECTOR: P TH. WITH THE SIT, MARYLAND, 217			e of the remoins described obove, held of couses ; Accident ; Accident ;	Suicide	Homicide X	Undetermined monner	ond in my opinion DATE SIGNED 10	0/13/80
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL D AFTER DEAT BALTIMORE,	73n B	IRIAL CREMATION REMOVAL 2	Virginia L. DOlan		ADDRESS 111 F	Penn St. Bal	to., MD.	
11 48 BP	C	NE MILY IE W	10/15/80 WG	55015	'en	23d. LOCATION 3 or TOWN EC'D. BY REGISTRAR 25b. R		
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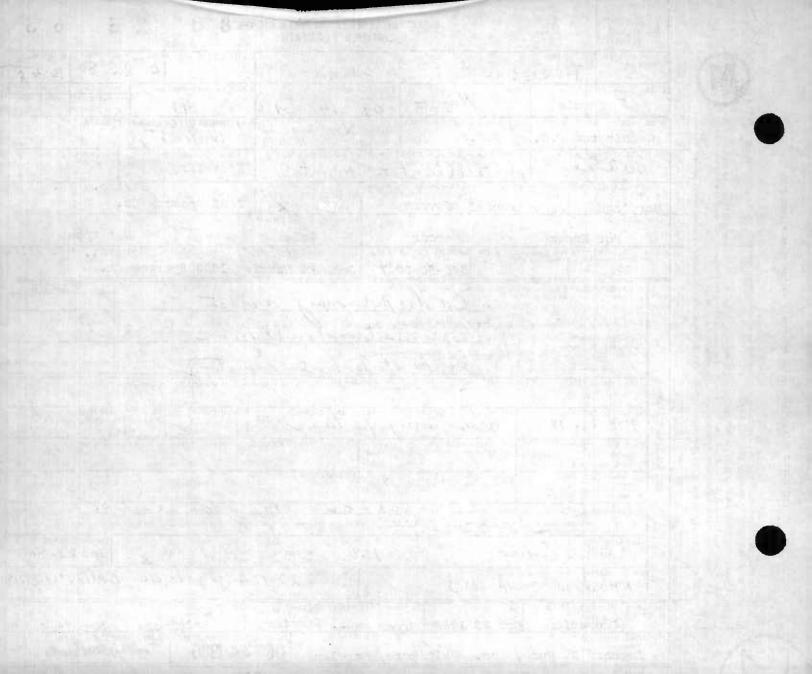


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ompletely ond 2 s		DAVID		DDIE	HARRÍS		IS MOTHER'S MAIDEN NA GRACE	WIDDIE		IXON LAST	
s. Poges		VAS DECEASED EVER	(IF YES, GIVE W		166 SOCIAL SECURI	TY NO.	DAVID HARRIS	Box 103 C			napolis
s been signed by the cernit. Then please remote prior to buriol, cremot sony injury, or other tre	CERTIFICATION	gove rise to im couse 101, stati underlying caus PART 2 OTHER SIG Meha 190 DATE OF OPERA	ng the e last	noitions co	R AS A CONSEQUEN ONTRIBUTING TO DE TON "V ITION FOR WHICH O	ATH BUT	NOT RELATED TO THE TERM LOT of FU N WAS PERFORMED	SIO AUTOPSY?	20b. IF YES,	WERE FINDING	
ng physicion. certificote hos urial-transit per cental Hygiene Item 18 shows		210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH				21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJU	YES IRY IN ITEM 18, PA		NO 🗌
er this the bu	MEDICAL	21d INJURY OCCUP		21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, FAR	19 M, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
the haspital or of DIRECTOR. Aftitoched for use as e Dept of Health. If them 21 is mor		220.1 certify that (I saw the decea abave, (I) (we) 22b. SIGNATURE	sed alive an_		19		d that in (my) (our) opinion DEGREE	MEDICAL STA	late and hour		
etained by the TO FUNERAL should be detained with the State		22d. PHYSICIAN'S N	IAME (TYPE OR PI	RINT)			PHYSICIAN [22e. ADDRESS Palto. Ch	DIRECTOR PHYSI	fol		3.447
BP	(BURIAL, CREMATION SPECIFY)	, REMOVAL	23b. DATE			EMETERY OR CREMATORY N MEM. PARK	23d. LOCATION CITY OR TOWN		COUNTY	STATE
H - 16 60M 1/75	24 6	INTERNAL DIRECTOR	SE & SC		TILL PV Anna		TE- DAT	E REC'D. BY REGISTRAN	TSI DE SER	AR'S AGNEN	aryland

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3. SEX	1. DECEASE (TYPE OR PR	INT	WIDDLE	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HOU
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TIS, SATATE 138, FOUNTY 131, CITY OR TOWN 134, MISSE CITY LIMIS 135, STREET ADDRESS 135 BP DUNTAR CITY LIMIS 135 BP DUNTAR CITY LIMIS			11. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION IT	YPE OF WORK 12b. KIND OF BUSINESS
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). 19. CAUSE (INTER ONLY ONE CAUSE (INTER ONLY ON	130. STATE	13b. COUNT	Y 13c. CITY OR TO	DWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 58 PUNJA	AB CIRCLE
(PTES, NO. OR LINEARY NO.	O ES	WARD		215 ALICE	MIDOLE	DUFF
18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Narcotism	2 16a. WAS D	OR UNKNOWN) (IF YES, GIVE W	IAD OD DATES			
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO	3	3 b 4 9 MMEDIATE Conditions, if ony, which	DUE TO, OR AS A CONSEQU			
UNDERLYING OR CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described obove, held on death resulted from: Actual Signature UNDERLYING OR CAUSE OF DEATH P.M. 19 21f. LOCATION STREET CITY OR TOWN COUNTY STATE CITY OR TOWN ON In my opinion Location In my opinion Medical Examiner Interpretation Interpreta		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQU		This	
22a. I certify that I taak charge of the remains described obove, held on Autopsy XX. Inspection, Inquiry, ond in my opinion death resulted from: ACTUAL SIGNATURE ACTUAL SIGNATURE DATE SIGNED	PART	cause (a) stating the <u>under</u> - lying cause last. 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	Ţ 1 Jo).	7777
22a. I certify that I taak charge of the remains described obove, held on Autopsy XX, Inspection, Inquiry, ond in my opinion deoth resulted from: formal particles, Accident, Suicide, Hamicide, Undetermined manner, ACTUAL ACTUAL SIGNATURE DATE SIGNED 10/27/80	PART 19a. I	cause (a) stating the <u>underlying cause last.</u> 2 OTHER SIGNIFICANT CONDITIONS CONDITION	ONTRIBUTING TO DEATH BUT NOT RELATED TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR H OPERATION WAS PERFORMED? YEAR 19		YES XX NO
EXAMINER'S NAME (TYPE OR PRINT) Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201	PART 190. 1 190. 1 210. 2 20.	Cause (a) stating the underlying cause last. 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DAY EATH P.M. 216. PLACE OF INJURY (AT)	THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR H OPERATION WAS PERFORMED? YEAR: 19 HOME, 21f. LOCATION) (ENTER NATURE OF INJURY IN ITEM)	YES YES NO
	WEDICAL CERTIFICATION ALC ACTI	Cause (a) stating the <u>underlying cause last</u> . 2 OTHER SIGNIFICANT CONDITIONS CONDITION	ONTRIBUTING TO DEATH BUT NOT RELATED TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 216. PLACE OF INJURY (ATM.) STREET, FACTORY, FARM, ETC.)	THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR H OPERATION WAS PERFORMED? YEAR 19 IOME, 21f. LOCATION STREET Id on Autopsy XX. Inspection Suicide, Hamicide, TITLE (SPECIFY)	CITY OR TOWN Undetermined manner	YES NO DIB PART 1 OR PART 2) COUNTY STATE ond in my opinion],

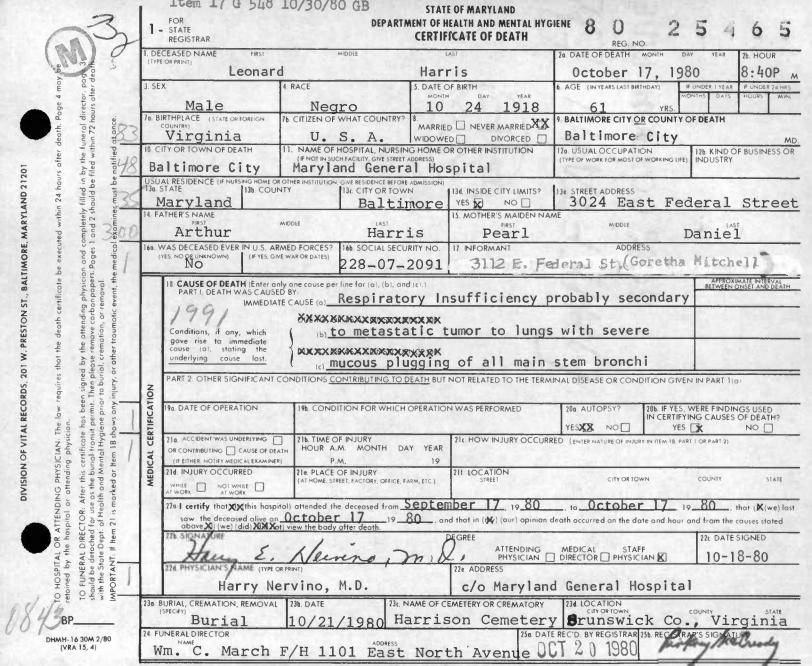


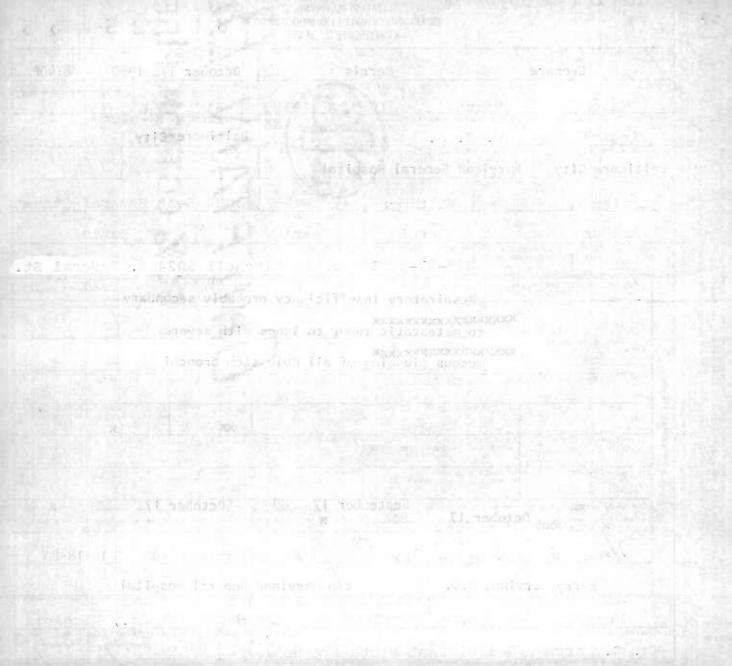


DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-James DEATH MATED 24, 80 10 Harris 6. AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH DATE LAST BIRTHDAY) MONTHS PRONOUNCED male 24 19 80 6:15P white DEAD 1 10 07 73YRS 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED WIDOWED XX Baltimore City DIVORCED GEORGIA U.S. KIND OF BUSINESS OR INDUSTRY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) University Hospital Baltimore Machinist Cotton Mill 3. RETAIN SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. IHSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN 13b. COUNTY NO Md. 1031 Hollins St Balto. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE OF VIT 17. INFORMANT **ADDRESS** 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 245-10-8897 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise ta immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 20. AUTOPSY? (HO) 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION OF BURIAL, 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION THE PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED COHNE STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK (Head) nly ond in my opinion DIRECTOR: , WITH THE S 22a I certify that I took charge of the remains described obove, held an death resulted fram: Homicide Undetermined manner 10/25/80 OULD TITLE (SPECIFY) DATE ACTUAL GE 4 SHOU FUNERAL D FER DEATH, Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street, Balto.MD 21201 Hormez R. Guard, M. D. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY 10/28/80 Removal 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Anatomy Board Balto., Md. 15M 7/76

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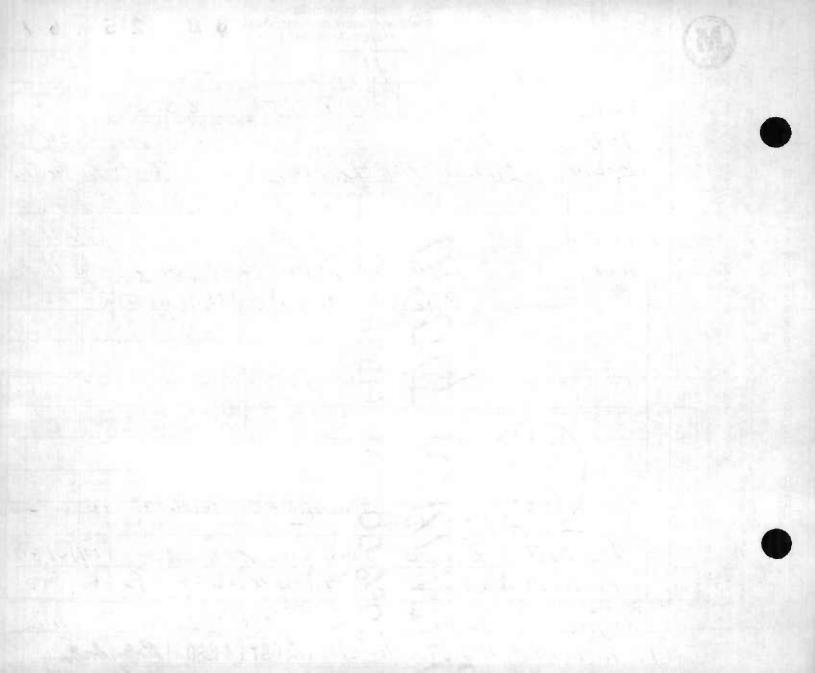




DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 7h. HOUR KNOWN ESTI-DEATH MATED 10 15,0 80 Martin William Harris 4 RACE SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 80 White Male AUGUST 6,1908 DEAD 72 YRS 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON, D.C. U.S.A. Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore 404 N. Paca St. CARPENTER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13e. STREET ADDRESS PACA St., BALTO., 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE MD. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME GEORGE HARRIS CLARA FITZGIBBONS 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 404 N. PACA ST. BALTO. . 220-16-7971A HELEN A. HARRIS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6]. CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES NO X 3 SHOULD BE 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection XX 220. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Hamicide Accident Undetermined manner TITLE (SPECIFY) 10-18-80 DATE PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA Assistant EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5500 O DONNELL ST. BALTO, MD. BURIAL 10-22-80 TRINITY CEMETERY BP. 24 FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 256. REQUITRAR'S SIGNATU ADDRES 6224 EASTERN AVE. **DHMH-17** VR A 15 ME (5) BALTO. . 21224.MD. 15M7/77

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DAJE OF DEATH 2b HOUR TYPE OR PRINTS emoi 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTHS DAYS BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED 1 COUNTRY) WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSCITUTION 12b. KIND OF DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 3a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE 14 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SO 17 INFORMAN HE YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY ā DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 P CERTIFICATION 0 prior 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NO YES [NO [the burial-transit and Mental Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY marked ar CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK 22a 1 certify that (1) (this haspital) attended the deceased from Tanaary October 3, 108 C/ sow the deceased alive on_ and that in (my) (apinion death accurred on the date and hour and from the causes stated above, (1) (well did not) view the body after death. should be detached with the State Dept. 22b. SIGNATURE DEGREE 0 -ATTENDING DIRECTOR | PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS IAN'S NAME ITYPE ORPRINI 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY 23b. DATE COUNTY 24 FUNERAL DIRECTO ISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4))



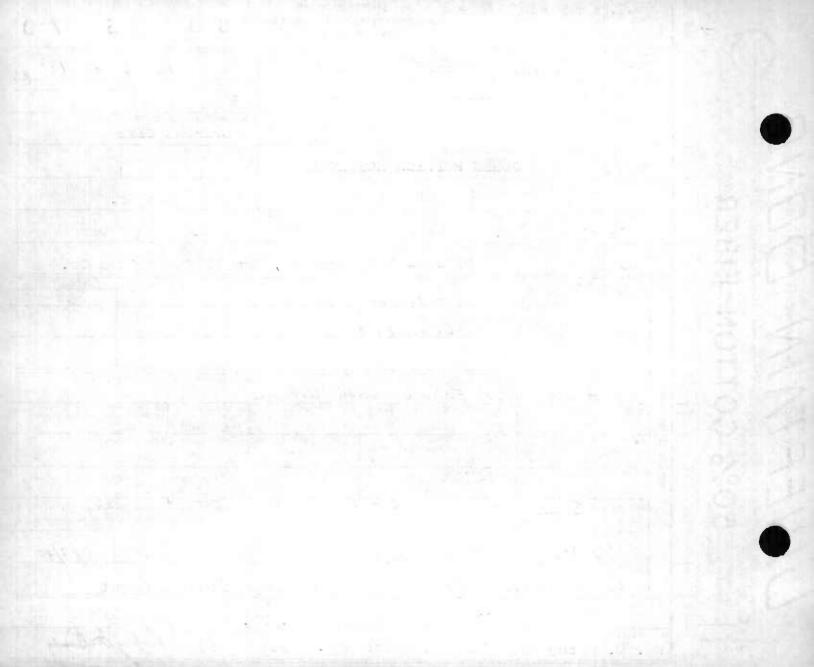
	1			STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	25468
BA		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONT	12 110011
	(,,,,	Bessi	e E.	Harrison	Oct. 22.	1980 POB M
	3. SE	X 4.	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
4 000		Female	White	Nov. 19, 1896	83	YRS. DAYS HOURS MIN.
2 43		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	
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s offer d by the fu liled with		Paltimore	NAME OF HOSPITAL, NURSIN (IF NOTHIN SUCH FACILITY GIVE STREET)	G HOME OR OTHER INSTITUTION (ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWILLE	12b. KIND OF BUSINESS OR
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tely 2 sh		ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
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		VAS DECEASED EVER IN U.S. ARME		RITY NO. 17. INFORMANT	ADDRESS	
e exection on a control of the contr	-	No.	212-74-2	321 Mrs. Frances	Watson, Same a	s above
ALT sicion pers. ol.		18. CAUSE OF DEATH (Enter only	ane cause per line for 16), (b), and	I(0.1 0)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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W to the		underlying couse lost.	DUE TO, OR AS A CONSEQUE	Posseple	Pal Eust	olis,
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RECORDS In been sugar	CERTIFICATION	198. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED
	ĬĔ				YES NO	CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
VIII.	W W	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)
P 44 44 1	¥	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR		
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D A TO THE STATE OF		22s I certify that (I) (this haspital	ottended the deceased from	Ge/-33/8000	10 OB A CH	that (t) (we) lost
2 th 108		saw the deceased alive on above, (1) (we) (did) (did not) v	iew the body after death	, and that in (my) (aur) apinion	death occurred an the dole o	nd hour and from the couses stated
Off A On Post Ched Dept.		278 SIGNATURE	new the dady after death.	DEGREE	/	22c. DATE SIGNED
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HOSPITAL med by " FUNERAL uld be der me Store	1	22d. PHYSICIAN'S NAME (TYPE OR PR	RINT) 10 11	22e. ADDRESS		
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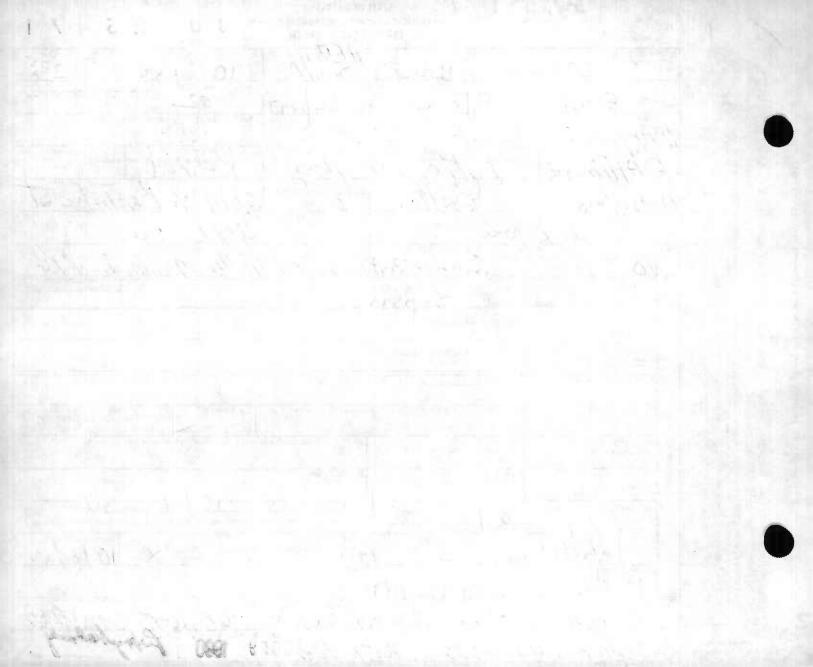
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Poge 4 moy	3. SE	Male	4. RACE	egro	5 DATE COMONTH	nch 9-1910	6 AGE (IN YEAR	-	MONTHS DAYS	
deoth. Po		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	7,	WIDOWE		Baltimore	MONE	CIEV	MC
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AND 21:	13a.	AL RESIDENCE (IF NURSING HOME		Balto		13d INSIDE CITY LIMITS?	13e STREET AD	iken S	Sti	
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BALTIMORE cote be execu prieten and cr appri. Foger wal.		WAS DECEASED EVER IN U.S., A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 161	13-07-3	6/3	Mrs. Ellal	DaeHa	ADDRÉSS SYNISOL	1810A1	KenSt
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OR ATTEN the hospital DIRECTOR: ached for us Dept. of He		sow th deceosed of obove (I) (we) (dig) (did) 22b SIGNATURE	a 10/6	19_2		d that ((my) (our) opinion DEGREE ATTENDING	MEDICAL	on the date and	d hour and from the	e couses stated
HOSPITA bined by FUNERA build be de th the Stot		22d. PHYSICIAN'S NAME (TYPI	E OR PRINT)	V(C)	11.10	PHYSICIAN 22e. ADDRESS	DIRECTOR W	ARYSICIAN [10/	27/80
90 9 BP		BURIAL, CREMATION, REMOV.	23b. DATE 10-30-	80 B		EMETERY OR CREMATORY	23d. LOCATI	tirs or	county	STATE
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	UNERAL DIRECTOR	08-00	ADDRESS ADDRESS	r. 8/	250/DA	TEREC'D. BY REC		C TRAR'S SIGNA	Breedy

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deoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) VA		F WHAT COUN' SA	RY? 8. MARRIE WIDOWE	D NEVER MA	RRIED 🔀	BALTIMORE CITY O			N
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filled in rould be f	13a. S	AL RESIDENCE (IF NURSING HOME STATE MD		I Baller	EFORE ADMISSION)	13d. INSIDE CITY YES 📉 N	LIMITS?	3e STREET ADDRESS Edi:	son Dr		
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n ond con Poges.	16a. \	VAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (# YES, C			8-6145	Weymou		addre o m 12746		es Dr	•
ires that the death certificate by gned by the attending physicion please remove carbon papers burial, cremation, or removal.		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b)_ DUE TO, (c)_	OR AS A CONSI	EOUENCE OF	dena	O THE TERMIN	val disease or con	DITION GIVEN	IN PART 1(o	,
The low required.	CERTIFICATION	Acute 190. DATE OF OPERATION	ReNal 19b. CONE			174 UI N WAS PERFORM	remia	20a AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES [G CAUSES	GS USED OF DEATH?
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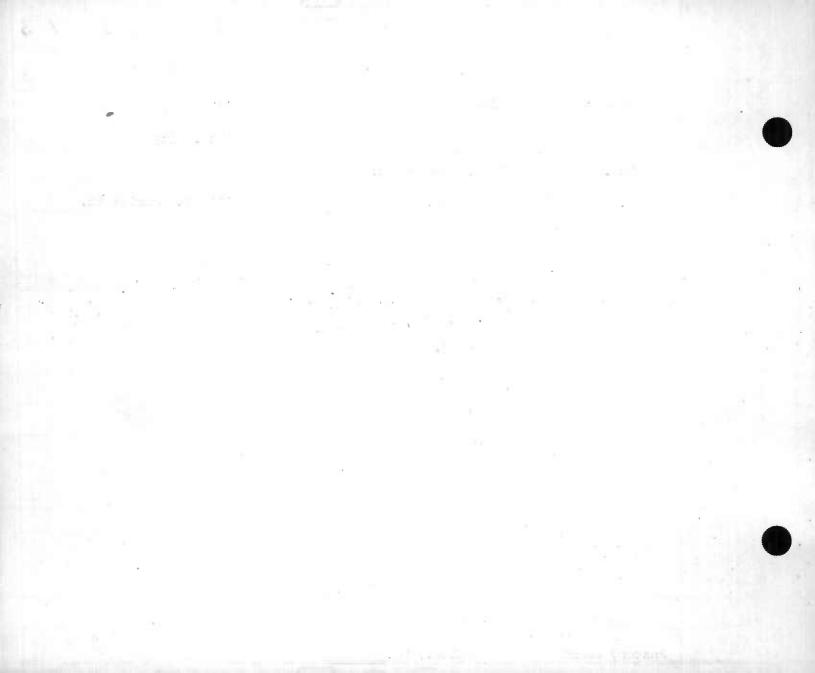
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE



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Balto.

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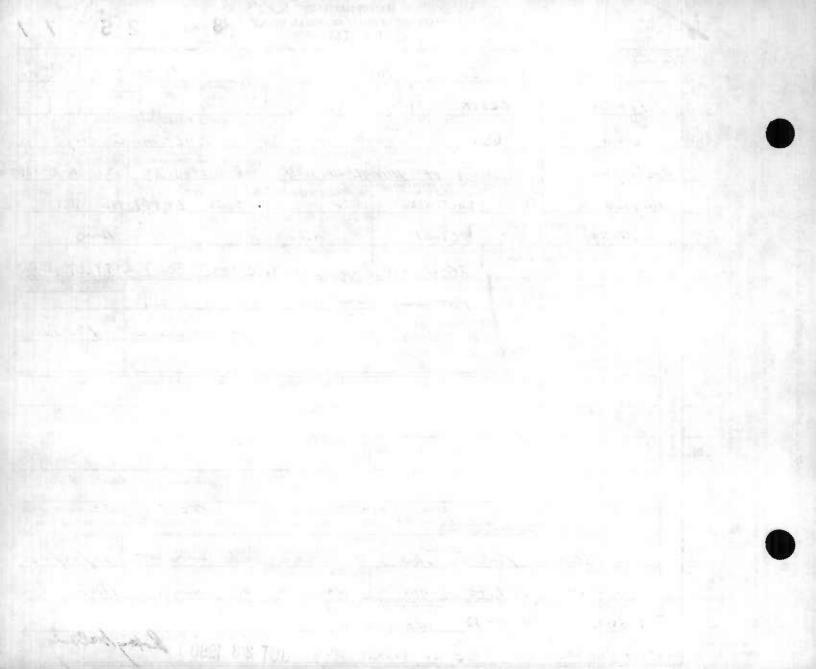
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 2n DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 9:21A. Margaret McKim HAYES October 1980 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Female White 1888 BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore WIDOWED | IO CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Union Memorial Hospital Balto. None DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 3925 Beech Ave. Balto. Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Somerville Gordon John Haves Susan ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Theresa A. Lawler Balto. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Sudden. Cardiac arrest IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Diabetes Mellitus_Adult Onset Marchl 947 Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost A.S.C.V.D. ? Years. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (p. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [for use as the buriol-transit of Health and Mental Hygie 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 6/ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on 3/12/00 obove, (Liue) (did) (did not) view the body after death. 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 10/16/80 TO FUNERAL D should be detain with the State D PHYSICIAN DE DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Chase St., Balto. Jarrett 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 10-17-80 Burial Greenmount Balto . . Md. 24. FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR ADDRESS 4905 York Rd DHMH - 16 50M 1/76 (VR A 15 (4)) H.W. Jenkins & Sons Co. Balto. Md.

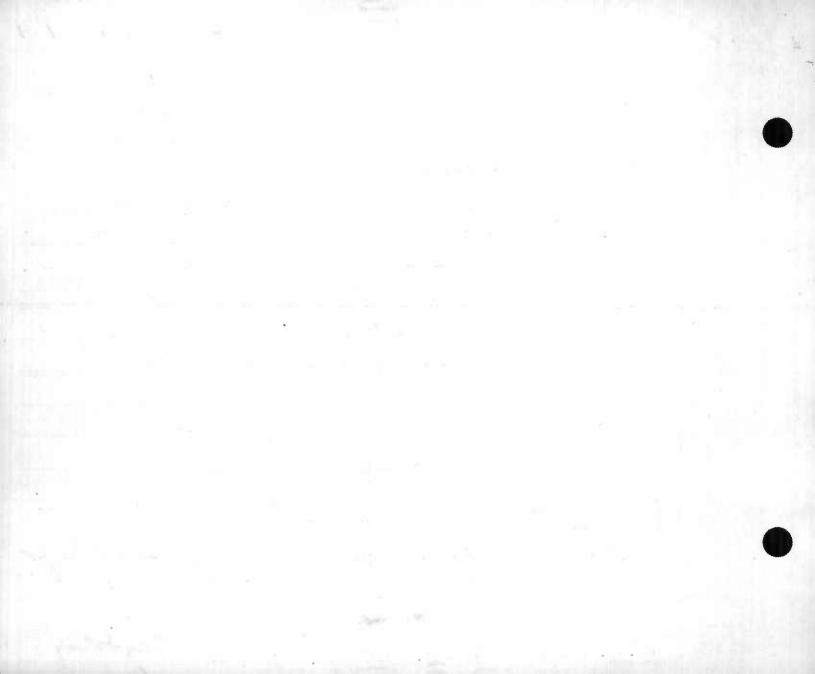
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3 SE	Male	4 RACE White	July	24, 1931 1931	6. AGE (IN YEARS LAST BIRT	YRS.	AYS HOURS MIN.		
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B	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY	ITAL, NURSING HOME C LITY, GIVE STREET ADDRESS! LHOSPITAL	PROTHER INSTITUTION	12# USUAL OCCUPATI ITYPE OF WORK FOR MOST O Labore	F WORKING LIFE! INDUST	DOF BUSINESS OR IRY estruction		
Ma		UNTY 1 13cd	esidence before admission) SITY OR YOWN asadena	13d. INSIDE CITY LIMITS? YES NO TO	360 Loca	wood Rd.	21122		
14 F	Joseph	Milton	Heck, Sn.	15. MOTHER'S MAIDEN NAM	MIDDLE		oney		
		ARMED FORCES? 166 S INE WAR OR DATES) OREAN 13	9-24-0899	Craig D. Her	ck Same	e as #13			
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	BURIAL, CREMATION, REMOVI ISPECIFY Renation	11/1/198		emetery or crematory ty Process. Ir	23d. LOCATION SHY OR TOWN	lle Balto	STATE .		

DHMH-16 25M (VRA 15, 4) 1/79

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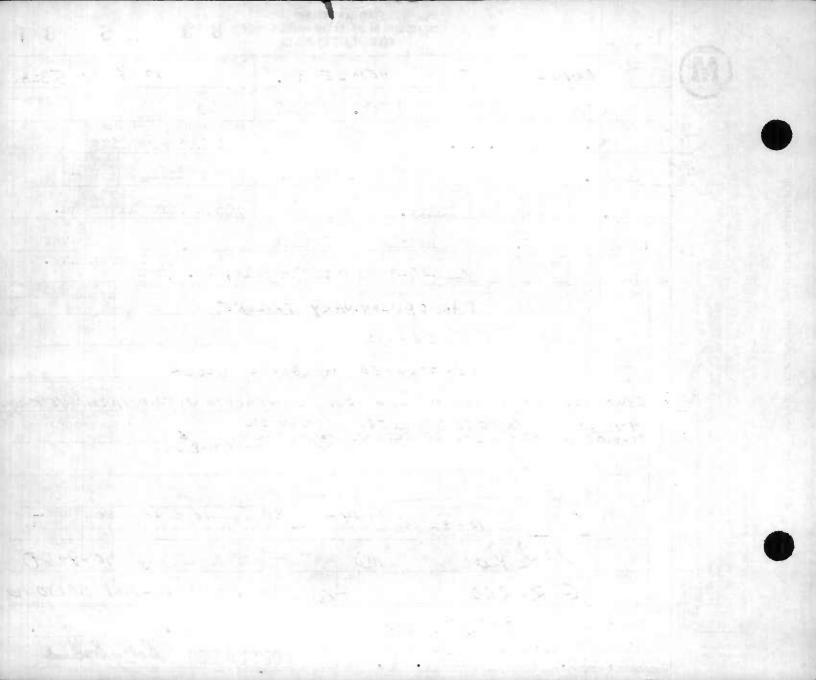
230. DATE REC'D. BY REGISTRAR 236. REC

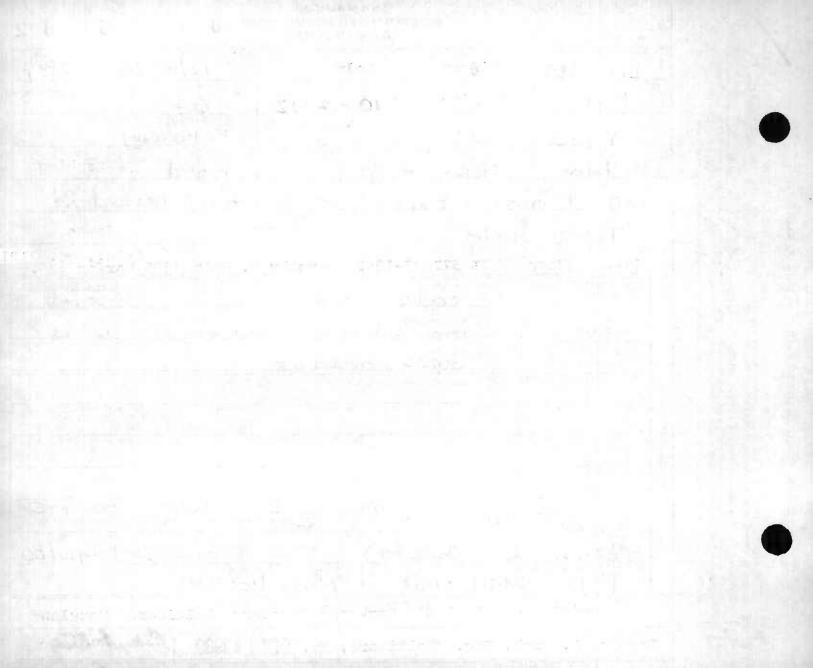


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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH TYPE OR PRINT HEINLE DANIEL 80 Sr. 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) Feb: 10 1907 73 White Male TE BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore City Md. WIDOWED LA CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Good Samaritan Hospital Advertising INDUSTRY Balto. WSUAL RESIDENCE (IF NURS HIS HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 10532 Bird River Rd. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. Md 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sraver Heinle Louise John 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Barron Ave. (YES, NO OR UNKNOWN) LIEVES GIVE WAR OR DATES 212-07-148d Daniel Heinle, Jr. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH & CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART L DEATH WAS CAUSED BY CARDIOPULMONARY FAILURE OR AS A CONSEQUENCE OF SEPSIS Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse ERFORATED MARGINAL WILCER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, ATION DISEASE WITH PREVIOUS INFARCTION, TACHY CARDIA GREDO OF GASTROJEJUNOSTOMY E 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 9-15-80 RESECTION NECES REPAIR DES NOTE YES DIRECTION NELS PART 1 OF PART 2) NO I ACCIDENT WAS UNDERLYING ∞ HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (this haspital) attended the deceased from. sow the deceased alive on ... , and that in (my) (opinion death occurred on the date and hour and from the causes stated obove. (1) (and (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL should be deto DIRECTOR | PHYSICIAN PHYSICIAN | 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS AMARITAN HOSPITAL, BALTO MA 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL Balto. COUNTY Burial 13/80 Md. Oak Lawn 250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE Schimunek Funeral 333 Jores Brehms Lane DHMH - 16 50M 1/76 (VR A 15 (4)) Balto. Md. 21213 Home, Inc.





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£34	36	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALITIMORE CITY O	R COUNTY OF	DEATH
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ic event, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)		Intrace		e Bleed			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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<u>} ≥</u> †	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		1980 (ea		METERY OR CREMATORY U (emetery	23d LOCATION CITY OF TOWN Baltimone	AA	unity STATE
A 2/80		FUNERAL DIRECTOR				25a. DAT	REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNATURE

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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217		220. 1 cert death result ACTUAL SIGNATURE EXAMINER'S ITYPE OR PR	NAME VI	erge of the remains des provide couses	Accident ,	Suicide	Homicide .	Undetermined mann	all all	ED 10/11	./80
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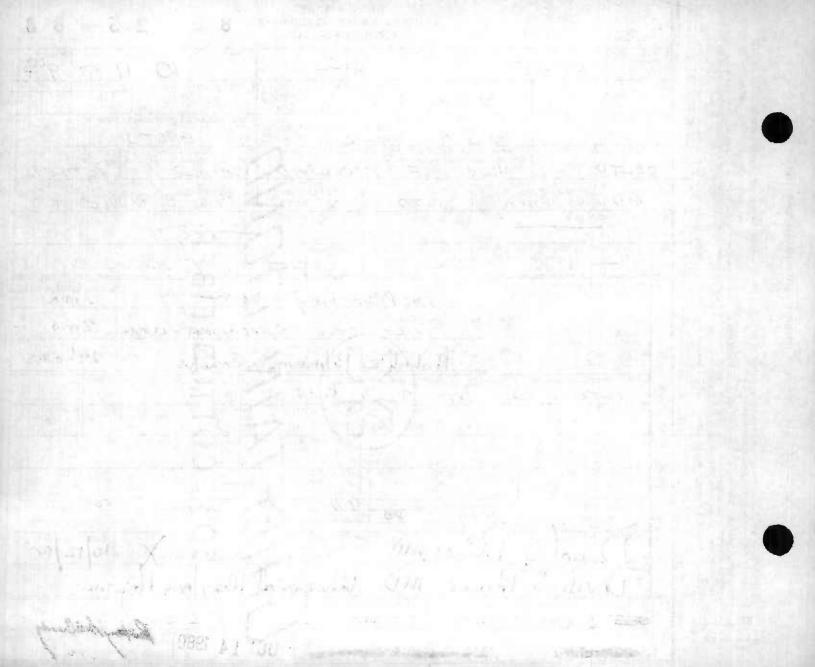
DIVISION OF VITAL RECORDS,

(VRA 15, 4)

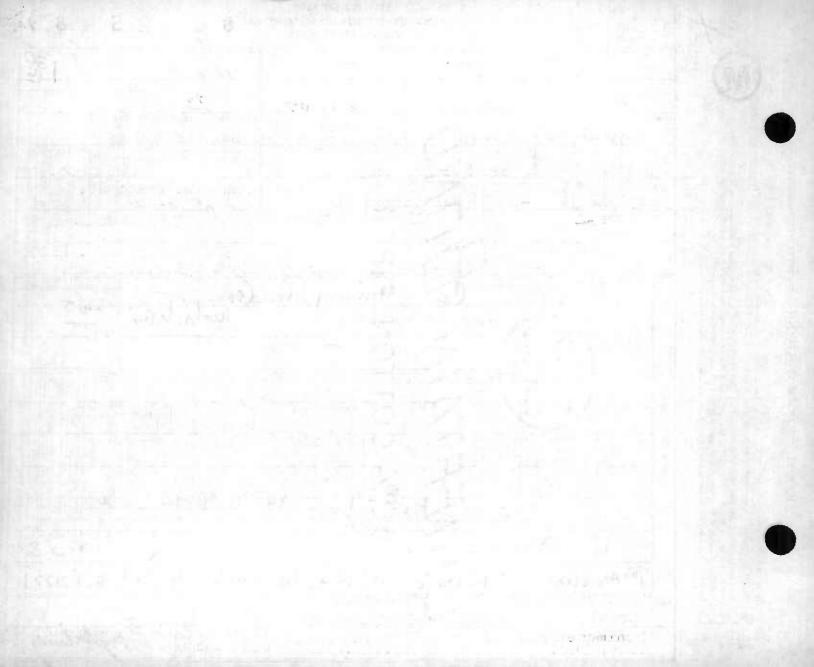
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Pages 1 o	1		AS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166. SOCIAL SECU 138-16-42		17. INFORMANT Dorain &	ohns	ADDRES 2037		ddle St	t.
DIVISION OF VITAL RECOXDS, ZUT W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftending physician. When this certificate has been signed by the attending physician and completely filled in the state burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be lift and Mental Hygiene prior to burial, cremation, or removal.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe SED BY: ATE CAUSE (o)	er line for (a), (b), and		MONARY	ARRES	_			MATE INTERVAL ONSET AND DEATH
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he law r an. has bee t permit.	9	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AU YES	TOPSY?	IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
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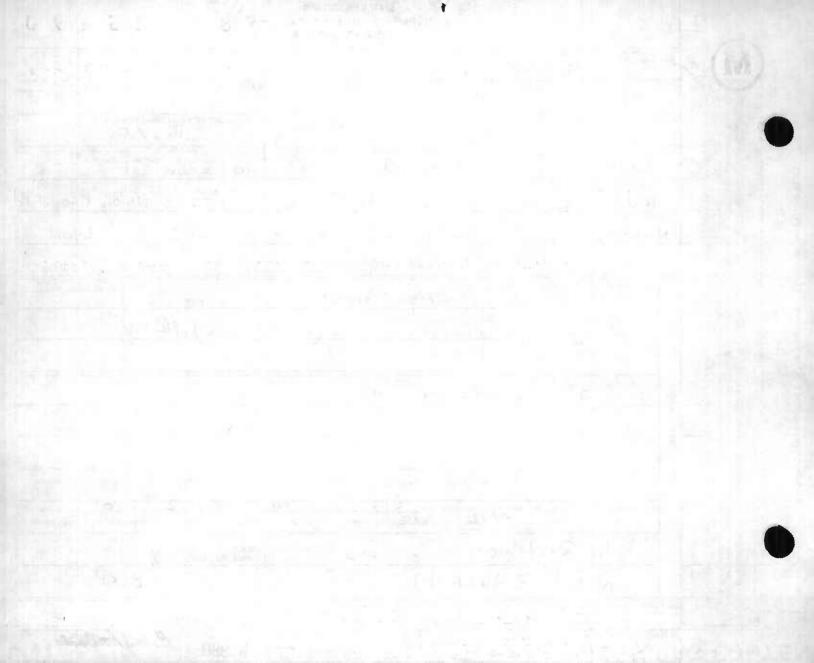
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH 1. DECEASED NAME HÏLL MONTH GEORGE (TYPE OR PRINT) 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4 RACE MONTH Caucasian BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY USA Massachusetts Baltimore City WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Secours Hospita Foreman Boat Co 130 STREE OF ORWS. Pratt St. 136 COUNTY Maryland Baltimore YES TE NO [Johnson MIDDLE 5921 CedoniaAVe. 21206 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Lerov Albert Tyler.step son APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 20 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED. 4 ATTENDING www PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22ds PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 10/13/80 Parkwood Cemetery Baltimore Md 250. DATE REC'D, BY REGISTRAR 256, REG 24 FUNSANTHUMER Funeral DHMH-16 30M 2/80 (VRA 15, 4) Balto., Md.21 Home, Inc.



Leonardtown, NC

(VRA 15, 4) 1/79

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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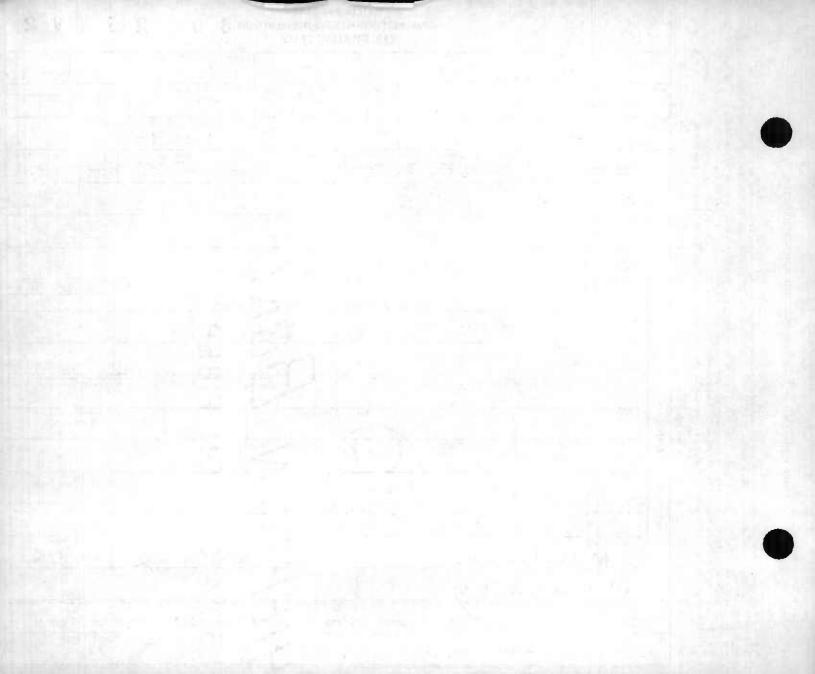
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3 3 3 2 5		John	Hineman		LAST		Emma		WIDDLE		FW2I	
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2 E-23488		lying cause last.	(c)									
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	14. FA	JAMES		P. MIDDLE	HINES Sr	•	15. MOTHER'S MAIDEN	NAME MID	NE .	- g.,	WELLS	}
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4		EXAMINER'S I		homas D. Sm	ith, M.D.		ADDRESS 111 1	Penn St.	Balto)., M	D	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Gilbert Hinton 10-24-50 James 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE IIN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR HOURS 09 79 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City Maryland WIDOWED DIVORCED T ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Groundskeeper Golf DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Retired Course A COR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Agnes Hospital 130 STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Catonsville Sanford Avenue 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MUDDLE Edward James Hinton Mary Flora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 214-20-006 Mrs. Esther M. Callary Same APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY ¿ acute 40 mm IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF nditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION prior 190. DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NOU NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH uriol (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC/ morked or 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE 19 80 80 220.1 certify that (1)(this hospital) attended the deceased from. saw the deceased alive on 10/24 .19 and that in (my) (our) apinian death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the body after death should be detoched with the State Dept. 226_SIGNATURE DEGREE 22c. DATE SIGNED MPORTANT: IF ATTENDING MEDICAL STAFF 0/24/20 DIRECTOR PHYSICIAN PHYSICIAN 228 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS J. Lewis, M.D. Agnes Hospital Balt., Md. 21229 23g. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial /28t. Louis Cemetery Clarksville Howard Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS 3 1980 (VR A 15 (4)) MacNabb Funeral Home Catonsville, Md

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derents neutrino di Riccia TARRELL STEEL are. William Burgara and catalogue contration in the The state of the s A D. A. Corp. House Co. S. Co. injury, or other troumatic

MPORTANT: If Item 21 is marked or Item 18 shaws

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8
LAST Zo. C	ATE

1 - STATE REGISTRAR			ICATE OF DEATH	REG. N	2.	5 4	9/
	FIRST	AIODLE t	AST	20. DATE OF DEATH	MONTH GA	Y YEAR	2b. HOUR
(TYPE OR PRINT)	William	M. Hit	tchcock	Oct.	18	1980	0355 M
3. SEX	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
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TO. BIRTHPLACE (STATE OR FOR	Th. CITIZEN OF	WHAT COUNTRY? 8 MARRIE	D MEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	OF DEATH	
Maryl and	USA	WIDOWE		Baltimore	City		MD
10. CITY OR TOWN OF DEATH		OSPITAL, NURSING HOME O		12a. USUAL OCCUPAT			F BUSINESS OR
Baltimore City Unio		HEACILITY, GIVE STREET ADDRESS) Memorial Hosp	Clerk Post Of			Office	
USUAL RESIDENCE (IF NURSING 130 STATE 13			13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 4222 Elsa	Terra	ce	
14. FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
FIRST	MIDDLE	LAST	FIRST	WIGGLE		LA51	
William 160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) WWII		16b. SOCIAL SECURITY NO.	Informant M. Louise H	ershey ADDR itchcock	Same	355	
PART I DEATH WAS	Enter only one cause per CAUSED BY: MEDIATE CAUSE (a)	line for (a), (b), and (c).)	ation - EXE			BETWEEN	MATE INTERVAL ONSET AND DEATH

18 CAUSE OF DEATH	H (Enter only one cause per			Louise Hit	CHECO CA	Same APPROXIMATE BETWEEN ONSET
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190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO	
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21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR T	OWN COUNTY	STAT

saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 221. DATE SIGNED 22b. SIGNATURE DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) C. HUDDLESTON Huddleston Union Memorial Hospital

Union MemoRIAL Hosp,

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

Woodlawn Cemetery

24 FUNERAL DIRECTOR

Burial

3631 Par Falls Road 21211 Burgee Funeral Home

Woodlawn 250. DATE REC'D. BY REGISTRAR III OCT 22 1980

STATE COUNTY

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DHMH-16 30M 2/80 (VRA 15, 4)

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The state of	SEX	RACE white	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	23 19 80 a
13		THPLACE IVATE DA	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY WIDOWED DIVORCED Baltimore City	- 17
58 35	re co	Baltimore	1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IE NOT IN SUCH FACILITY, GIVES STREET ADDRESS! University Hospital Light Condition (Type of work of the condition of	or industry
	JSUA 130S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. GITY OR TOWN 13d. INSIDE (LITY MITS? 13e. STREET ADDRESS ATTEM YES NO 124 J. Carey	St. 212
14		THER'S NAME PIRST	MIDDLE Johnson Mandle Mandle L. Mandle	> LAST
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		PART I DEATH WAS CAUSED	one couse per line for (a), (b), and (c).) BY: CAUSE (a) Arteriosclerotic cardiovascular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
MOVAL.	S	Conditions, it ony, which gave rise to immediate	(b)	
N, OR REMOVA		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c)	
ML, CREMATION, O	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO X
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MD, Z.L			of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opin	ion
E. MARYL		ACTUAL SIGNATURE	TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER DATE SIGNED	10-23-80
2		(TITE GREEKINT)	M. Dixon, M.D. ADDRESS 111 Penn St.	
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3	SEX	4 RACE	5 DATE OF BII	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YE	
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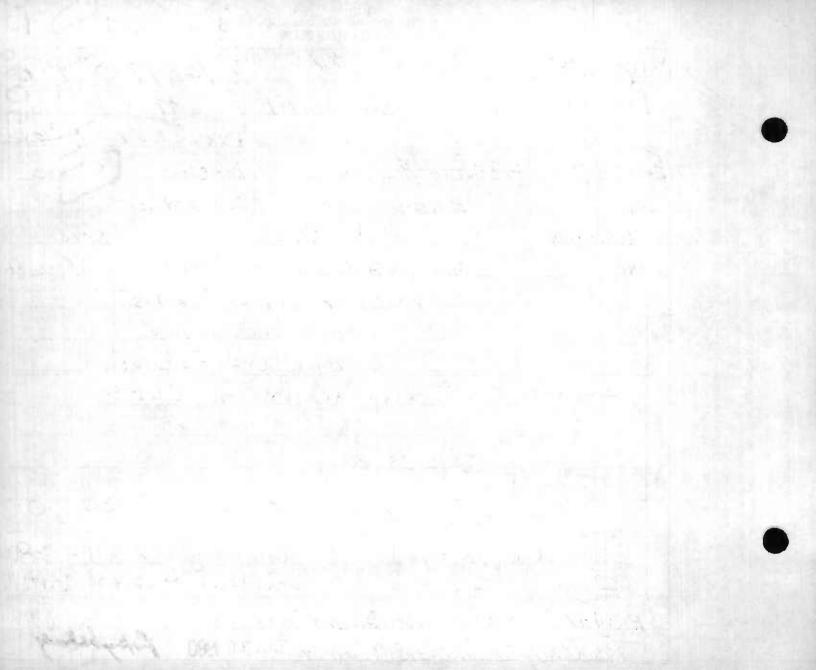
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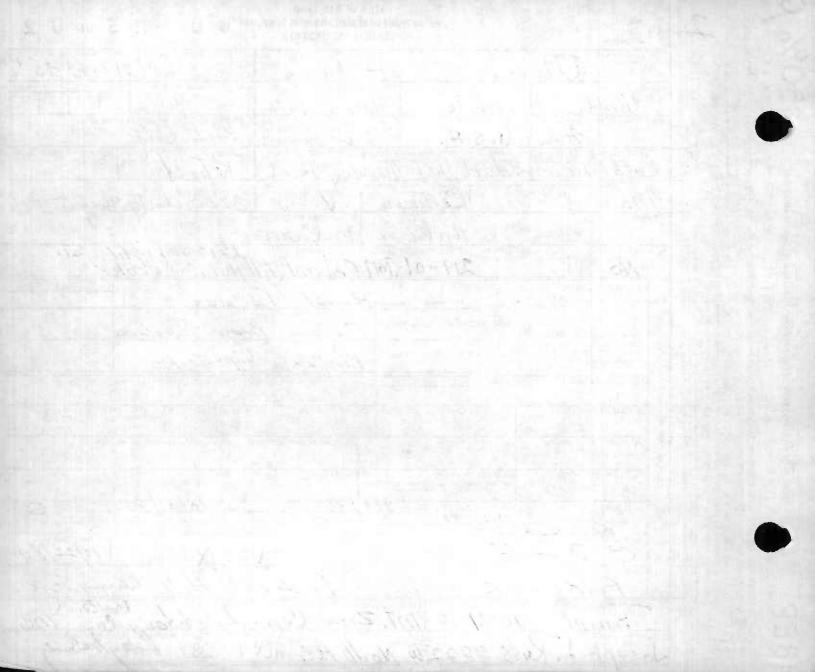
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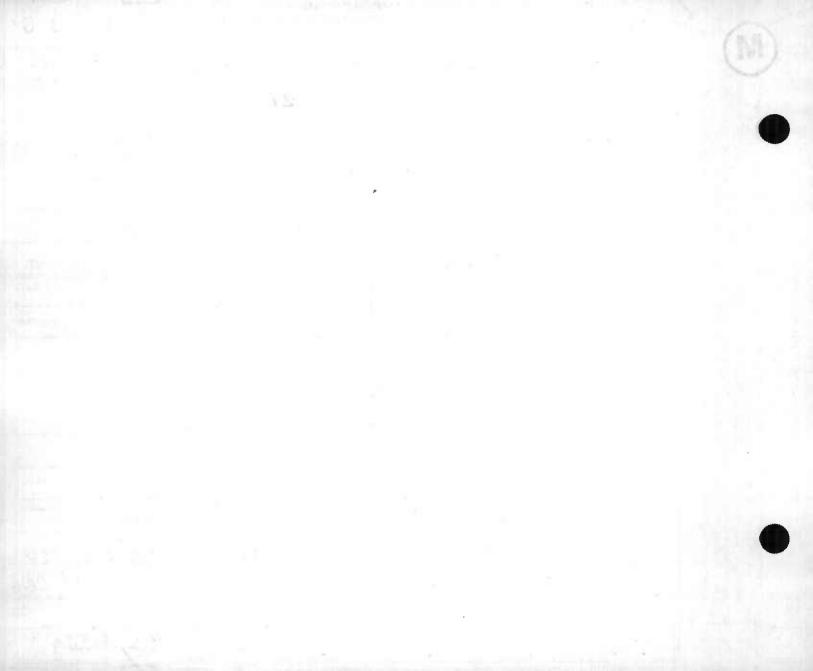
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AORE	Jan office /	160.	VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
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•	RALDI detach		Gentlo for	- Trubers	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-23-80
	O HOSPITAL TO FUNERAL		Guido Po	2-Guevar	22e ADDRESS	ident Hosp	sital Boltand
100	N 5 2 2 3 3 4	23a. 5	URIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OR TOWN	COUNTY
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	(YR A 15 (4))		Raudolphy.	Coollerk 2431	E Wiver St. Ul	T 3 0 1980	Lucardosh



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	1	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH	25502
e Q	m 4	DECEASED NAME PRINT) TYPE OR PRINT) AST Zo. DATE OF DE	ATH MONTH DAY YEAR 26 HOUR P
4 moy b	or poge	SEX IN CASE OF BIRTH DAY YEAR 6. AGE (IN YEARS L	AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Poge	di ector	B. BIRTHPLACE STATE ORFGREIGH 9 76 CHRIZEN OF WHAT COUNTRY? 9. BALTIMORE C	TITY OR COUNTY OF DEATH
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	the the ond ed	21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	ORTOWN COUNTY STATE
Δ		220.1 certify that (1) (this hospital) attended the deceased from 7/8/19, 19, to 5 ow the deceased alive on 10/21/80, 19, and that in my) (our) opinion death occurred on above (1) we) (did (did no) view the body after death.	1) 2-1/80 19, that (1) we lost the date and hour and from the causes stated
× -	REC spt ept tem (22b. SIGNATURE DEGREE ATTENDING . / MEDICALA /	STAFF 10/22/80
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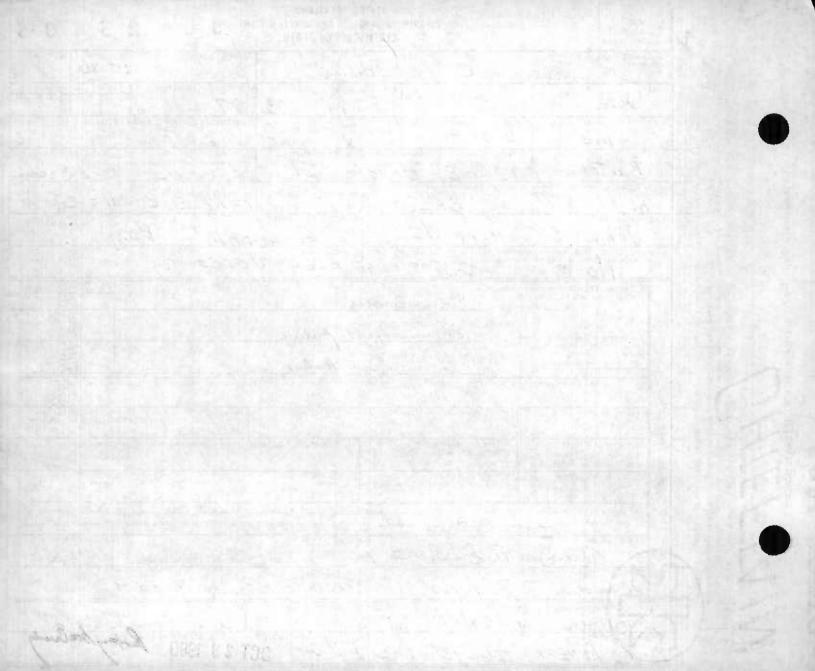


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH DAY YE AR LTYPE OR PRINT 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 2 MONTH 1921 7a. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA S.C. DIVORCED TX WIDOWED ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126 KIND OF BUSINESS OR HE NOT IN SUCHFACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY . Baltimore USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 136 COUNTY 13c. CITY OR TOWN 2503 Violet Avenue 134. INSIDE CITY LIMITS? Baltimore MD YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME mple. FIRST MIDDLE LAST FIRST MIDDLE Liggens Holmes Annie James 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Katherine Claude 3312 Doycron 212-14-9702 Mary Yes APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate 101, stoting underlying cause lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION reumoniae 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED Ď IN CERTIFYING CAUSES OF DEATH? NO Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ö [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (h. (this haspital) attended the deceased from sow the deceased alive an. and that in (my) (but) opinion death accurred on the date and haur and from the causes stated abave, (1) (did) (did aat) view the body after death. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL old be deto the State [PHYSICIAN DIRECTOR | PHYSICIAN 224. PHYSICIAN'S NAME LTYPE OF PRINT 220-AQDRESS = 0 23a BURIAL, 23¢ NAME OF CEMETERY OR CREMATORY CREMATION, REMOVAL 23b. DATE 23d. LOCATION [SPECIFY) COUNTY STATE Burial 11/5/80 Baltimore King Memorial MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M ADDRESS (VRA 15, 4) 7/78 1101 E. March F/H North Ave.

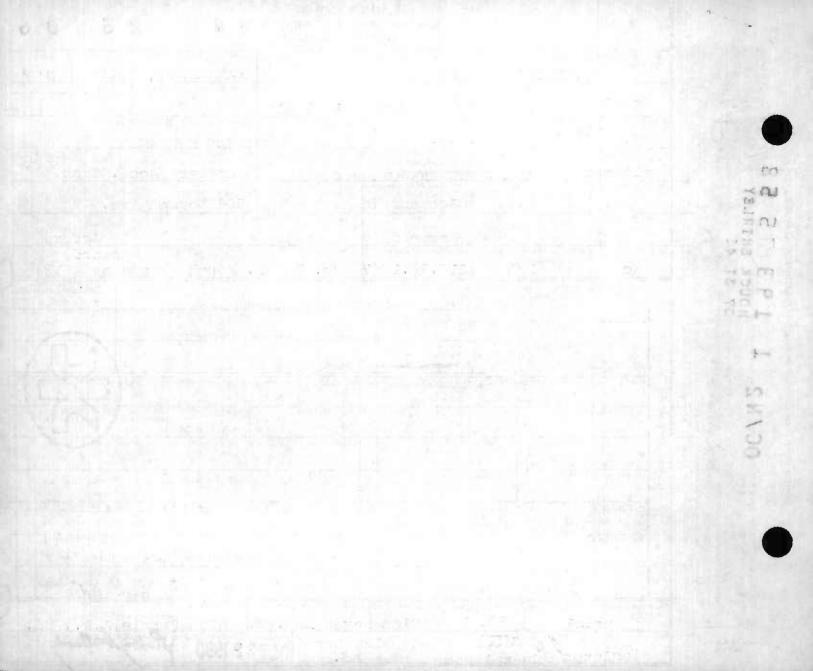


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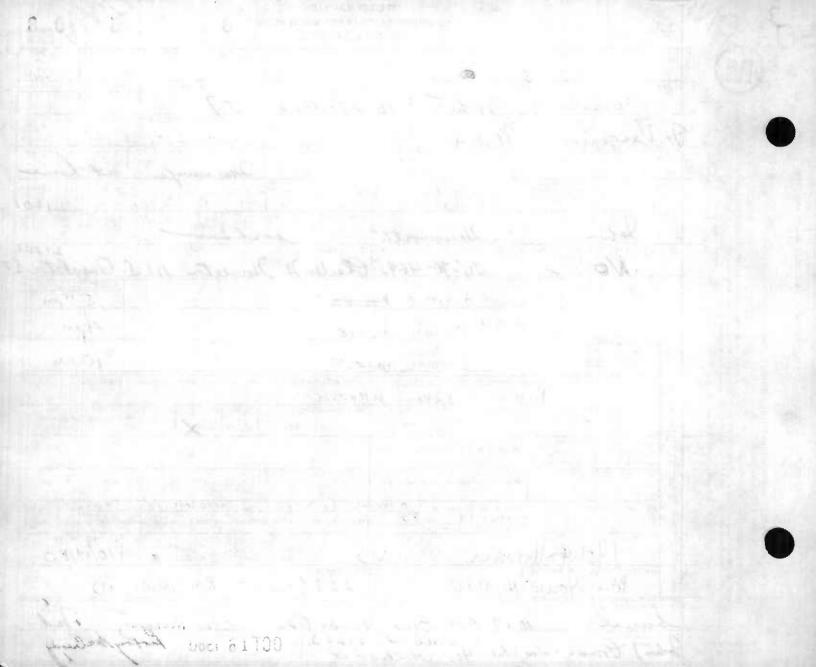
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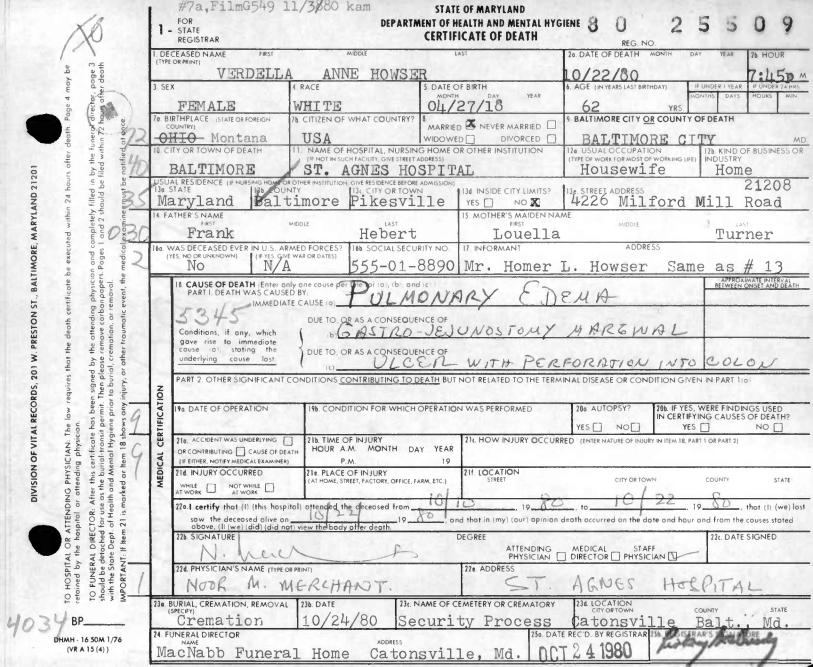


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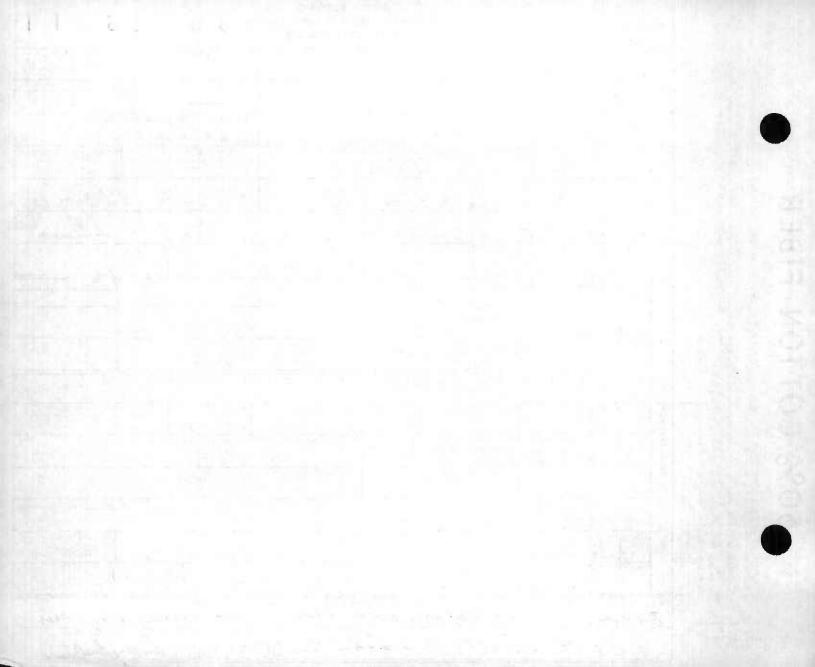
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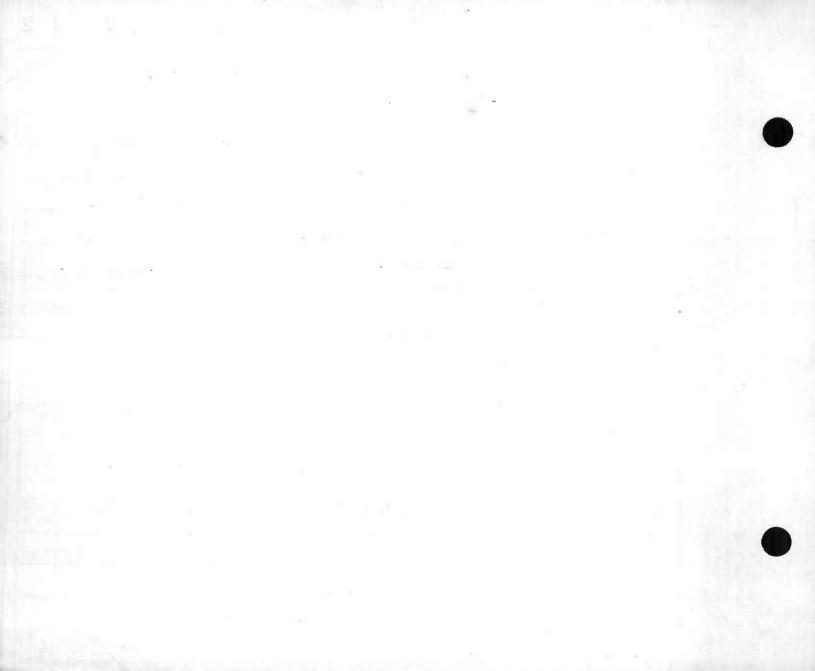
TO HOSPITAL — ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be relified at once.
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		FOR STATE REGISTRAR				MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	2	5	5 1	0
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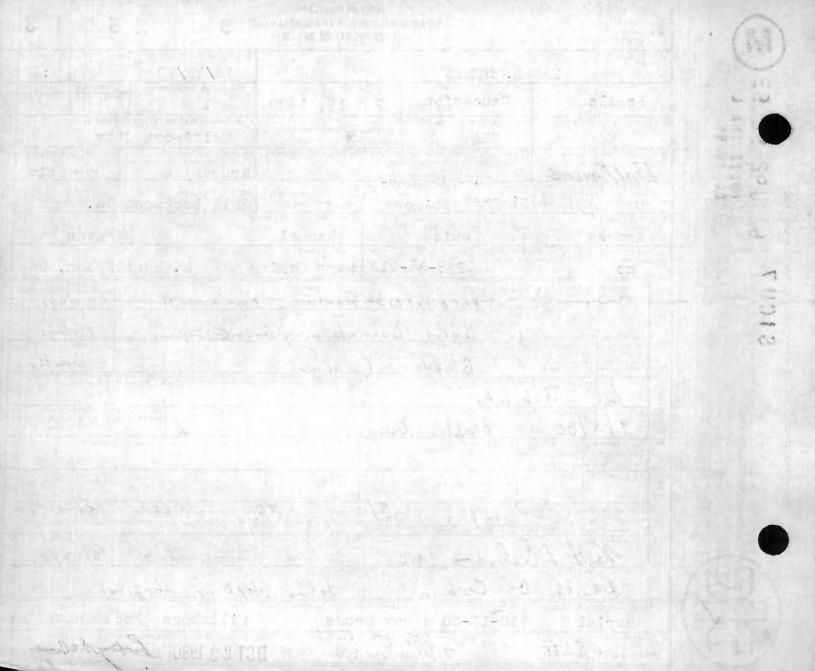
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tos, 20	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to a	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
L RECORDS,	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES NO NO
DE VITA DE VITA PRINCIPE PRINC	ICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
DIVISION OF VITAL ING PHYSICIAN. The catendring physicion that the catendricate in on the benichtronist put and Memol Hygue in and Memol Hygue orked or term 18 show	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE TWORK AT WORK AT WORK	P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	- 5		ital ottended the deceased from_	9/2 10 97	2 10 10/13	, 19 80, that (1) (we) lost
ATTEND Signification of CTOR: A CTOR: A For use		sow the deceased alive or	10/10	go, and that in (my) (our) opinion	death accurred on the date and ha	
OR OR OCHE		22b. SIGNATURE	Oslow the body offer death.	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O HOSPITAL TO FUNERAL should be def with the Store		22d. PHYSICIAN'S NAME ITYPE O		22e. ADDRESS	Johking Hork	, tal
5 5 5 8 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE + TT 7
4203BP	_	Burial	10-17-80 0	ak Grove	1:	ocahontas WV
DHMH - 16 50M 7/77 (VR A 15 (4))	1 /1	UNERAL DIRECTOR NAME REMIES S. Smith	marle	into, WV	TE REC'D. BY REGISTRAR 256. REGIS	PRAR'S SIGNATURE



Leonard J Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND

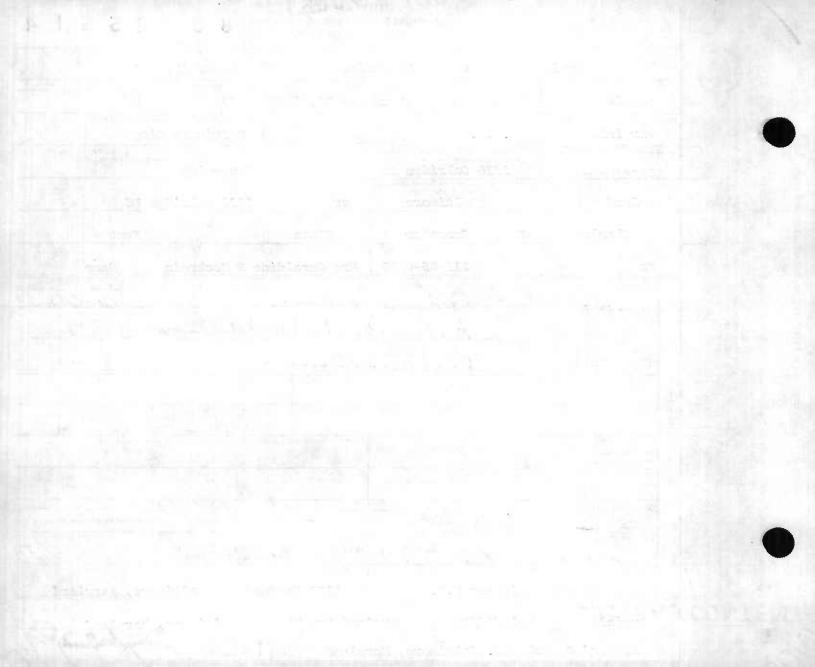
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79



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8 1	mark o		STATE REGISTRAR		ME	DICALE	XAMIN	ER'S C	ERTIFICATI	OF DEA	ATH R	EG. NO.	2 3 1	0
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the fu	10.0	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	12a. USUAL OCCUPATE		OF BUSINESS OR
de de		saltimore.	Bon sec		resital			
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te be extendian and Pages		(YES, NO OR UNKNOWN) (IF YES, GIM	E WAR OR DATES)	19-9046	dennie. Hi	unt 310	03 Oak Fo	m Ario
		18 CAUSE OF DEATH (Enter on	bly one couse per line for (a). (1	hi ondiei i	2011112			OXIMATE INTERVAL EN ONSET AND DEATH
physical physical papers removal	1	PART I. DEATH WAS CAUSE	D 8Y	O a formal	roter arr	ant	W.I W.E.	N ONSET AND DEATH
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s been sit. The prior t	ATION	190 DATE OF OPERATION	1% CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	DINGS USED
	4 🖺					YES I NOID	IN CERTIFYING CAUSE	ES OF DEATH?
an san 18	GERTIFIC	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR		
IYSICL/ physicia s certifi al-trans ental H	1	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH					
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ke ad dig	WE	WHILE NOT WHILE	LAT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.]	STREET	CITY OR TOW	OUNTY	STATE
NDIN atten as the alth a		AT WORK		rom (O)	12/80 10	10/2/8	2	
TOP USE		22e I certify that (I) (this hospi saw the deceased alive on	1-17/47	7	nd that in (my) (our) opinion	. 10	19	_, that (I) (we) last
OR A Nospita		abave, ()) (we) (did) (did no	t) view the bady after death.			death occurred on the do		
1 050 =		226 SIGNATURE	100		DEGREE ATTENDING	MEDICAL STAF	-	TE SIGNED
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TO HDSPIT. retained by t TO FUNERA should be dea with the Stat		BERY 1	HPPCEBAUM	MO	Jon Sele	ours Hos		
201 3 =	230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
10 BP		Burial	10/7/80	Westvie		Catonsvi	ille, Md.	
DHMH-16 25M	24 1	UNERAL DIRECTOR	ADDRE	SS	25e. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN.	ATURE
(VRA 15, 4) 1/79		Wm C March F/I	H 1101 E.	North A	Ave.	DET 6 100	Ricken	heland.

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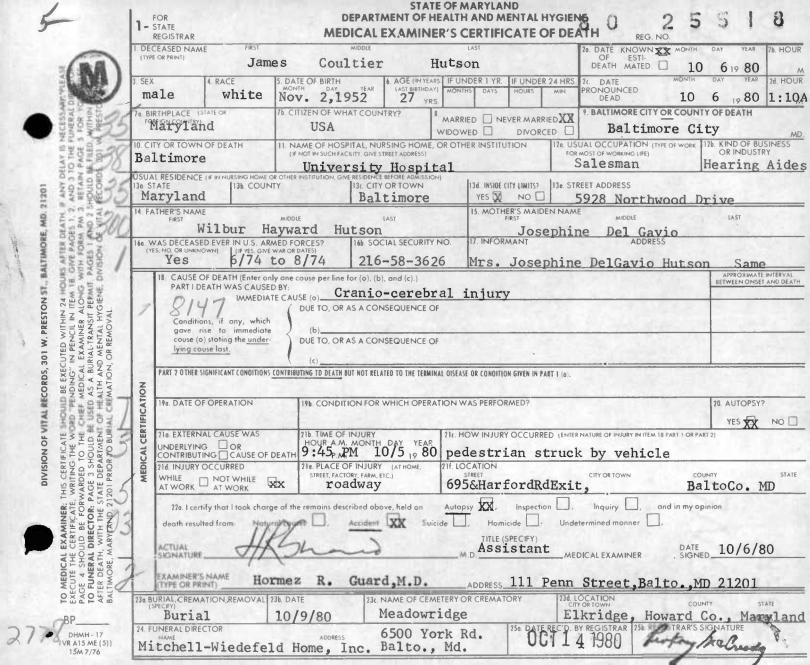
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				STATE OF MARYLAND		
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146		OR PRINT)	- 6	HYRE	10	19 80 758
35.0	3. SE.	METT		DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24
		FEMALE	(a) HITE	MONTH DAY YEAR 20 1897	83	MONTHS DAYS HOURS
ė ,		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.		V	R COUNTY OF DEATH
335		W. VA.		MARRIED NEVER MARRIED DIVORCED	BALTO	0
pe	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	OME OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126 KIND OF BUSINES
37		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDR	1058	(TYPE OF WORK FOR MOST C	F WORKING LIFE) INDUSTRY
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300		JEFF	LINGER	ANNI		
medicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY		ADDRE	SS
		NO	E WAR OR DATES)	KICHARD F	HALL 24	08 PAIT AVE
the .		18 CAUSE OF DEATH (Enter or	nly ane couse per line for (a), (b), and (c)	.)		APPROXIMATE INTERV. BETWEEN ONSET AND DI
vent			D BY: TE CAUSE (a) Cardia	presouratory o	mest	Jecons
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ony i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
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or Item 18 sh	W.	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
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a a		22a. I certify that (I) (this haspi	tal) attended, the deceased from	10/13 19.80	_, to_ 10/18	19.80 , that (1) (w
21 is		sow the deceased alive an	t) view the body after death.	, and that in (my (our) opinian	death occurred an the d	ate and haur and from the causes sta
te		22b. SIGNATURI	if view the body differ death.	DEGREE		22c. DATE SIGNED
<u>+</u>		1 Octo	Tais) 19 Ant	- MT ATTENDING PHYSICIAN [MEDICAL STA	
Z I		226 PHYSICIAN'S NAME ITYPE	PR PRINT)	22e ADDRESS		, in the second
IMPORTANT: IF		PATRI	10A D JUIT	4 MERI	Y HOSPI	TAL
X -	23a F	SURPAL, CREMATION, REMOVAL		LE OF CEMETERY OR CREMATORY	23d. LOCATION	
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-	AF	JNERAL DIRECTOR	11 - 010 1/00 1111	PAIT 250. DAT	E REC'D. BY REGISTRAR	25b. DESTRAR'S SENATURE
80	Ra	IMPANDIA KACIO	eowski 2525 FLE	ET ST DALLO DO	T 9 1 1980	Tisky Melude

